S. No. 2
M—9-4-41
5-17-39
X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1943

Registration District No. 2330

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10923

Primary Registration District No. 5810

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Rural--Loutre Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ½ Mi. West of McKittrick (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether)

In this community 55 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

(c) City or town Rural (If outside city or town limits, write "RURAL.")

(d) Street No. ½ Mi. West of Mc Kittrick (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME HENRY BAUMANN

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Dorothy Baumann

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 8, (Day) 1858 (Year)

8. AGE: Years	Months	Days	If less than one day
85	0	12	hr. min.

9. Birthplace Warrenton (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Otto Baumann

(b) Address Mo Kittrick, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Marcus Cemetery

18. (a) Signature of funeral director Hugo H. Blumer

(b) Address Hermann, Missouri

19. (a) Mar. 21-1943 (Date received local registrar) (b) Mrs. Virginia Lichle Deputy (Registrar's signature)

1259

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 19 day year 1943 hour 11:00P.M. minute M.

21. I hereby certify that I attended the deceased from January 23, 1943, to March 19, 1943, that I last saw him alive on March 16, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis.	2 mo.
Due to	
Due to	
Other conditions: Chronic nephritis. (Include pregnancy within 3 months of death)	
Major findings: Of operations 1316	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. J. Wessling (M. D. or other) XXXX

Address Hermann, MO. Date signed 3-21-43

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....Registered Apprentice No.....

working under my personal supervision.

Signed August Blumer

Licensed Embalmer No. 3150

P. O. Address Hermann, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.