

Primary Registration District No. 4173

Registration District No. 101

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

1. PLACE OF DEATH:
 (a) County Douglas
 (b) City or town Ava
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
 In this community..... (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Douglas
 (c) City or town Ava
 (If outside city or town limits, write "RURAL")
 (d) Street No..... (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME John W. Baumgardner Sr.

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fannah Baumgardner Sr. 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Oct. 11 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>5</u>	<u>19</u>	hr. min.

9. Birthplace Wapakoneta, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

12. Name J. W. Baumgardner

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

14. Maiden name Mary Walters

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

16. (a) Informant J. W. Baumgardner

(b) Address Ava

17. (a) Burial (b) Date thereof 4-1-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ava

18. (a) Signature of funeral director Clint Kinbeard
(b) Address Ava, Missouri

19. (a) 5-1-43 (b) Shelma S. Waters
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1943 hour 10 minute 05 P. M.

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

Immediate cause of death Myocardial Heart Disease

Due to Hypertension

Due to Chronic Nephritis

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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?

(e) While at work?..... (Specify type of place) Means of injury.....

23. Signature R. M. Morrison

Address Ava, Mo Date signed 4/2/43

Duration 2.30
Post
mort
in
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

Dr. P. R. M.

RECEIVED

Dental Health Officer No. 6,

District File Number 543-658

Date Filed MAY 20 1943

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 *W. B. Lintner*

Licensed Embalmer No. 8431

P. O. Address *Orlando*

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.