

S. No. 2
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5-17-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34064

State File No.

Registrar's No. 23

FILED NOV 8 1943
Registration District No. 2

Primary Registration District No. 5109

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town Rural Creeked Creek Twp
(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 39 years (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Adolph Baumann

3. (b) If veteran, name war / 3. (c) Social Security No. /

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

6. (b) Name of husband or wife Emile Baumann 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased April 6 1857
(Month) (Day) (Year)

8. AGE: Years 86 Months 5 Days 24 If less than one day hr. min.

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

10. Usual occupation Pensioner

11. Industry or business

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Raymond Jones

(b) Address 7215 S. Honore St. Chicago Ill.

17. (a) Burial (b) Date thereof Oct. 5, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huffiane

18. (a) Signature of funeral director Baker Funeral Home

(b) Address Lutesville, Mo.

19. (a) 10/2/43 (b) Mrs Geneva Graham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger

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

(d) Street No. Near Bessville
(If rural, give location)

(e) Citizen of foreign country? / (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2nd
year 1943 hour 3:00 minute 30 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 Cerebral Hemorrhage

Due to /

Due to /

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?

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

23. Signature J. E. Graham (M. D. or other) Cancer
Address Lutesville, Mo. 3 Date signed 10/2/43

(Licensed Embalmer's Statement on Reverse Side)

1063

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

RECEIVED

District Health Officer No. 4
District File Number 1143-2883
Date Filed 11-6-43

DEC 6 1945

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

J. C. Graham

Licensed Embalmer No. 4010

P. O. Address

Luttrellville, Mo.

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.