

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 31 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2550

State File No.

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. #291

1. PLACE OF DEATH

(a) County Polk
(b) City or town Jefferson City
(c) Name of hospital or institution: St. Mary's Hospital
(d) Length of stay: In hospital or institution 2 days
In this community 7 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage
(c) City or town Freeling, Mo
(d) Street No.
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME

Geo Baumgartner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased March 9, 1885
(Month) (Day) (Year)

8. AGE: Years 58 Months 9 Days 22 If less than one day

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

10. Usual occupation Farmer

11. Industry or business Self

12. Name Emuch Baumgartner

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

14. Maiden name Ezzelb Therman

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

16. (a) Informant John Baumgartner

(b) Address Summerfield, Mo

17. (a) Burial (b) Date thereof 1-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freeling, Mo

18. (a) Signature of funeral director Charles J. ...

(b) Address Box 149 ...

19. (a) 1-3-44 (b) Charma ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31 of year 1943 hour 4 minute 10 M.

21. I hereby certify that I attended the deceased from 12-29-43 to 12-31-43, 1943, that I last saw him alive on 12-31-43, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism

at Freeling, Mo

Due to Chronic myo carditis

chronic nephritis

Due to Carcinoma of Liver

Diabetes

Other conditions

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?

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

While at work? (Specify type of place)

23. Signature W. J. McKelly (M. D. or other) 0
Address Central Trust Bldg Date signed 1-1-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Vernon Morton*

Licensed Embalmer No. *4125*

P. O. Address *Leominster*

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.