

FILED FEB 14 1944

Registration District No.

Primary Registration District No. 4169

Registrar's No. 168

1. PLACE OF DEATH:

(a) County DeKalb
(b) City or town Osborn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: IX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY BAUMAN

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

4. Sex F. 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife dead 6. (c) Age of husband or wife if alive 13 years
7. Birth date of deceased July 13 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 16 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Phillip Eckert
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 Chas. Bauman
(b) Address Turney Mo
17. (a) Burial (b) Date thereof 12/31/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Osborn Mo.

18. (a) Signature of funeral director W Moore
(b) Address Camron Mo
19. (a) 1-3-44 (b) Camron
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DeKalb
(c) City or town Osborn, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. X (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month DEC day 29th
year 1943 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov. 10, 1943, to Dec. 29, 1943;
that I last saw h.e./s. alive on Dec. 29, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis & Myocardial degeneration, rheumatic
Due to Acute rheumatic fever
Chronic tonsillitis in youth

Other conditions Chronic ulcerative colitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

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) (a) Means of injury

23. Signature W Moore (M. D. or other) MD
Address Camron Mo Date signed 12-30-43

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.