

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 13 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28415

Registration District No. 231

Primary Registration District No. 3048

Registrar's No. 132

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

1. PLACE OF DEATH

(a) County nodaway

(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Francis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days
(Specify whether years, months or days)

In this community 0
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County nodaway

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

(d) Street No. 1108. Filmore
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Ronald Walter Baumle

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9
year 1944 hour 9 a.m. minute _____ M.

21. I hereby certify that I attended the deceased from 7 a.m.
_____, 19____, to _____, 19____;

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 29 1944
(Month) (Day) (Year)

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months 10 Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral haemorrhage from birth injury

Due to _____

Due to _____

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

10. Usual occupation INFANT

Other conditions 160C
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name Leo F. Baumle

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

14. Maiden name Mary Evelyn Walden

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Leo F. Baumle

(b) Address Barnard Mo.

17. (a) Burial (b) Date thereof 8-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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? _____

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

(b) Address Maryville Missouri

19. (a) 8-9-44 (b) Chas. F. Bee
(Date received local registrar) (Registrar's signature)

While at work? ✓ (Specify type of place) _____

(e) Means of injury _____

23. Signature Chas. F. Bee (M. D. or other) MD

Address _____ Date signed 8/9/44

51108

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 *G. W. Clear*

Licensed Embalmer No. *2620*

P. O. Address *Marquill, 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.