

FILED SEP 20 1944

State File No.

Registration District No. 301

Primary Registration District No. 6036445A

Registrar's No. 1985

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

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ripley 91
 (c) City or town West Douphon MO. 6
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? MO. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Henry E. Baumgardner
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 6
 year 1944 hour 3 minute 20 P.M.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Ethel Baumgardner 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased: Dec. 2, 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 22 1944 to July 6 1944
 that I last saw him alive on June 26 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 7 Days 4
 If less than one day _____ hr. _____ min.

Immediate cause of death acute myocardial infarction
 Due to arteriosclerosis
 Due to _____

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

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations None
 Of autopsy _____

10. Usual occupation farmer

MOTHER FATHER
 11. Industry or business _____
 12. Name A. M. Baumgardner
 13. Birthplace Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Hanna Stiger
 15. Birthplace Ill.
(City, town, or county) (State or foreign country)

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? _____
 (Specify type of place) _____
 (e) Means of injury _____

16. (a) Informant Flord M. Keel
 (b) Address Douphon Mo.

23. Signature J. Williams (M. D. or other)
 Address Douphon Date signed 7/21/44

17. (a) Burial (b) Date thereof July 7, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Pine Crest

18. (a) Signature of funeral director Black's mortuary
 (b) Address Douphon Mo.
 19. (a) 9-15-44 (b) E. J. Johnston
(Date received local registrar) (Registrar's signature)

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

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.