

FILED OCT 4 1945

State File No. _____

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 1003

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **MO. METHO. HOSPITAL** hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
(Specify whether years, months or days)
In this community 40 yrs

3. (a) PRINT FULL NAME FREDRICK T. BAUMAN

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

4. Sex Male 5. Color or race w 6. (a) Single, widowed, married, divorced m /

6. (b) Name of husband or wife Alene Bauman 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased Oct 25 1904
(Month) (Day) (Year)

8. AGE: Years 40 Months 10 Days 23 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Louis E. Bauman

13. Birthplace Andrew Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Ernest E. Marston

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

16. (a) Informant Louis E. Bauman

(b) Address Savannah Mo

17. (a) B (b) Date thereof Sept 21 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah

18. (a) Signature of funeral director E. C. Ricket

(b) Address Savannah Mo

19. (a) 9-20-45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew 2
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. Savannah 0
(If rural, give location)
(e) Citizen of foreign country? no (If No) 1
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 18
year 1945 hour 11 minute 30 A M.

21. I hereby certify that I attended the deceased from 9/12/45
_____ 19____ to 9/18/45 1945
that I last saw him alive on 9/18/45
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

myelogenous Leukemia

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 94W
Of operations _____

Of autopsy all organs were infiltrated with the Leukemia cells.
Underline the cause to which death should be charged statistically.

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? _____

23. Signature Joseph L. Fisher (M. D. or other) _____
Address 804 Edmond Date signed 9/20/45

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..... *E. C. Breit*.....

Licensed Embalmer No. *2658*.....

P. O. Address *Savannah*.....

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.