

FILED MAR 29 1948 STANDARD CERTIFICATE OF DEATH

State File No. 9954

Registration District No. 175

Primary Registration District No. 4276

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution:  
West Pierce Co. 1  
(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 Lawrence 55

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

(d) Street No. West Pierce City  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Katie Baumgarten

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. W 2

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased May 10 1858  
(Month) (Day) (Year)

8. AGE: Years 87 Months 8 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Appelton Wisconsin  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Casper Fils

13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Joanna Miltach

15. Birthplace Germany 11  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Baumgarten

(b) Address Pierce City Mo.

17. (a) Burial (b) Date thereof 2/6/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pierce City

18. (a) Signature of funeral director H. J. Russell

(b) Address Pierce City Mo.

19. (a) 2-6-46 (b) Pro me matt  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1 year 1946 hour 7 minute PM

21. I hereby certify that I attended the deceased from Feb. 1, 1946 to \_\_\_\_\_ 19\_\_\_\_

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Unknown

Due to D.O.A.

Due to \_\_\_\_\_

Other conditions 200  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ of injury \_\_\_\_\_

23. Signature Charles H. Moore (M. D. or other) Mo.

Address Pierce City Date signed 2/2/46

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

6930

RECEIVED  
District Health Officer No. 6,  
District File Number 346-386  
Date Filed MAR 25 1948

JAN 12 1955

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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 Gordon Bennett

Licensed Embalmer No. 3254

P. O. Address Cassville

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.