

FILED JUN 10 1946 STANDARD CERTIFICATE OF DEATH

State File No. 17667

Registration District No. 277

Primary Registration District No. 5948

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Polk  
(b) City or town ASHLEY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)  
In this community \_\_\_\_\_

3. (a) PRINT FULL NAME

John G. Baumann

3. (b) If veteran,

name war no

3. (c) Social Security

No. none

4. Sex

male

5. Color or race white

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

6. (b) Name of husband or wife

Eckelkamp

6. (c) Age of husband or wife if

alive \_\_\_\_\_ years

7. Birth date of deceased

March

(Month)

(Day)

(Year) 1887

8. AGE:

Years

Months

Days

If less than one day

64

2

15

hr.

min.

9. Birthplace

Washington

MO

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name Joseph Baumann

13. Birthplace Poland

14. Maiden name Margaret Wilson

15. Birthplace Marshall Co MO

16. (a) Informant

Mrs Fannie Scherder

(b) Address

Ashley MO

17. (a) Burial

St. Clement

(b) Date thereof

5-21-1946

(c) Place: burial or cremation

St. Clement

18. (a) Signature of funeral director

Grace Banger

(b) Address

Bowling Green MO

19. (a) 6-1-46

(Date received local registrar)

(b) Bill Robinson

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Polk  
(c) City or town Ashley  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18  
year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, 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 gun shot in breast over heart self inflicted

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

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

Other conditions \_\_\_\_\_

(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) suicide

(b) Date of occurrence May 18 - 1946

(c) Where did injury occur? rural side of

(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

on farm in barn

While at work? yes (Specify type of place)

(e) Means of injury gun shot

23. Signature J. C. Gordon (If D. or M. or other)

Address Levinville MO Date signed 5-18-46

RECEIVED

District Health Officer No. 10

District File Number 6-46-1096

Date Filed JUN 6 1946

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.....

*Grace M. Bankhead*

Licensed Embalmer No. 2204

P. O. Address.....

*Bowling Green*

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.