

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 23 1947

THE STATE OF KANSAS  
STANDARD CERTIFICATE OF DEATH

State File No. 968  
Registrar's No. 56

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Trailsway Bus Station - 11 ch. Mc Gee  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 45 years 3 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Kansas (b) County Johnson  
(c) City or town Overland Park  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6310 Marty  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CLYDE H. BAUMGARDNER  
3. (b) If veteran, name war No  
3. (c) Social Security No. 486-07-3731

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month JAN day 3<sup>RD</sup>  
year 1947 hour 5 minute 00 P.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 under stated above.  
Immediate cause of death Deputy Coroner  
Acute Coronary Occlusion

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MRS. ALICE BAUMGARDNER 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased DECEMBER 13 1885  
(Month) (Day) (Year)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 94a  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy See Above  
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? \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
61 0 20 hr. min.

PHYSICIAN  
Underline the cause to which death should be charged statistically.

9. Birthplace LEBO KANSAS  
(City, town, or county) (State or foreign country)

10. Usual occupation W/ NO TYPE OPERATOR  
11. Industry or business \_\_\_\_\_  
12. Name ALBERT H. BAUMGARDNER  
13. Birthplace PENNSYLVANIA  
(City, town, or county) (State or foreign country)

14. Maiden name CAROLINE Franklin  
15. Birthplace KENTUCKY  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. ALICE BAUMGARDNER  
(b) Address 6310 MARTY, OVERLAND PARK KS.  
17. (a) BURIAL (b) Date thereof JAN. 7. 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation FOREST HILL CEMETERY  
18. (c) Signature of funeral director D. G. Newberger  
(b) Address 1401 Brush Creek Blvd.  
19. (a) 1-7-47 (b) Seraldine Holmes  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(a) Manner of injury \_\_\_\_\_  
23. Signature A. E. Usher (M. D. or D. O. P.)  
Address 2800 Main Date 1/6/47

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

MOTHER FATHER

**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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas City, 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.