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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 26 1947

Registration District No. _____

Primary Registration District No. 3012

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Epelsior Springs Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Epelsior Springs Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 24
(c) City or town Epelsior Springs Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. H14 Benton
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ARTHUR DAVID BAUM

3. (b) If veteran, name war none
3. (c) Social Security No. 489-30-6005

4. Sex male 5. Color or race White
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Caroline Baum
6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Jan 17 - 1882
(Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 6
If less than one day hr. _____ min. _____

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

10. Usual occupation Plumber

11. Industry or business _____

12. Name Louis Baum

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

14. Maiden name unknown

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

16. (a) Informant Mrs Caroline Baum

(b) Address 414 Benton Epelsior Spgs Mo

17. (a) Burial (b) Date thereof 1-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kirkville Mo.

18. (a) Signature of funeral director Virgil Hope

(b) Address Epelsior Spgs Mo.

19. (a) 2/26/47 (b) Caroline Hutchings
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23rd
year 1947 hour 11 - minute P. M.

21. I hereby certify that I attended the deceased from Feb 12 - 14, to 2 - 23 - 1947
that I last saw him alive on 23rd
and that death occurred on the date and hour stated above.

Immediate cause of death pneumonia Duration 12 -

Due to post-pulmonary lobar pneumonia 14-15
days

Due to Recurrent cardiovascular disease 40

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

Major findings: Of operations _____
Of autopsy _____
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) _____

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)
(b) Means of injury _____

23. Signature J. A. Roberson (M. D. or other) MD

Address Epelsior Springs Mo Date signed 2/24/47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

3-27-47

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 James A. Moles

Licensed Embalmer No. 3296

P. O. Address Exelsior Springs

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.