. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

20821

State File No. .....

FILED JUL 3 1947

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 2760

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 1510 HARDESTY AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 8 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS. CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1510 HARDESTY AVENUE 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME MINNIE. CHARLOTTE. BAUMHOEFER
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband ~~or wife~~ MR. HENRY BAUMHOEFER
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased AUG. 2 - 1877
(Month) (Day) (Year)

8. AGE: Years 69 | Months 10 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace WASHINGTON, MISSOURI
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business AT. HOME

FATHER
12. Name BEUBBERT
13. Birthplace 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Samborn
(b) Address 1510 Hardesty
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-28-47
(Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ NAPOLEON, MISSOURI
18. (a) Signature of funeral director D. A. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 6-28-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 26th
year 1947 hour 3 minute 18 A.M.
21. I hereby certify that I attended the deceased from April 25 1947, 1947, to June 25, 1947
that I last saw her alive on June 25, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to General Arteriosclerosis
Due to Chronic Myocarditis
Other conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations 93 d
Of autopsy No

Duration

PHYSICIAN
Underline the cause of 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? .....
(Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature Edward C. Teubel (M. D. ~~or other~~)
Address 1040 Argyle Bg Date signed June 27/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 D. B. Noblinger

Licensed Embalmer No. 3938

P. O. Address Kansas City, M

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.