

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31709

Registration District No. 172

Primary Registration District No. 4273

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Concordia Mo.
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community all life
years, months or days)

3. (a) PRINT FULL NAME JOHN BAMMAN

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CLARA BAMMAN 6. (c) Age of husband or wife if alive 1876 years

7. Birth date of deceased Nov. 9 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 8 10 hr. min.

9. Birthplace CONCORDIA MO (City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business

12. Name PETER BAMMAN

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

14. Maiden name MARGARITE MARTENS

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

16. (a) Informant LAWRENCE BAMMAN

(b) Address CONCORDIA, MO.

17. (a) Burial (b) Date thereof Sept 15, 47 (Month) (Day) (Year)

(c) Place: burial or cremation ST PAUL'S

18. (a) Signature of funeral director F. P. SPARKER

(b) Address SWEET SPRINGS, MO.

19. (a) Sept 15, 1947 (b) Clayton H. Landrum (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAFAYETTE
(c) City or town CONCORDIA, MO.
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 13
year 1947 hour 7:30 AM minute 30 A.M.

21. I hereby certify that I attended the deceased from 2-8-47
1947 to 9-13 1947
that I last saw him alive on 9-13 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 15 min

Due to Arteriosclerosis 10 yrs

Due to Hypertension 15 yrs
Arteriosclerosis

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:

(c) 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) (e) Means of injury

23. Signature R. F. H. Landrum (M. D. or other)

Address Concordia, Mo Date signed 9-15-47

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

10-6-47

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

L. F. Parker

Licensed Embalmer No.

3840

P. O. Address

Sweet Springs, 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.