. No. 300
1—10-47
. 5-17-39
I 3906

4
6
0

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 15 1948

Registration District No. 47

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5162

State File No. 15613

Registrar's No. 167

1. PLACE OF DEATH:

(a) County Calloway County

(b) City or town Rural Cleveland
(If outside city or town limits, write "RURAL" and name of township)

(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 No (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")

(d) Street No. 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME WILLIAM WARDER VICTOR

3. (b) If veteran, name war No

3. (c) Social Security No. 494-22-2762

4. Sex Male 0

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Helen Baumgartner

6. (c) Age of husband or wife if alive Dk years

7. Birth date of deceased Dec. (Month) 9 (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	5	11	hr. min.

9. Birthplace Boone County (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Horse Trainer

11. Industry or business

FATHER
12. Name Samuel E Victor
13. Birthplace Boone County (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Clara Finley
15. Birthplace Boone County (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Mrs Ralph Sennebeck
(b) Address Mexico, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oliver Cemetery

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo

19. (a) May 31-48 (Date received local registrar) (b) Josie Mossenkopf (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month May day 30
year 1948 hour unknown minute M.

21. I hereby certify that I attended the deceased from
Deceased was found dead 19 to 19
that I last saw h alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
in bed about 6 A.M. had been dead 4 or 5 hours

Due to Evidently some sort of heart failure ending

Due to several days of excessive drinking

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)

(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 3

23. Signature M Garrett Coroner (M. D. or other)

Address Fulton Mo Date signed 5/31/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 14 1948

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 Tom McHarg

Licensed Embalmer No. 4067

P. O. Address Columbia 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.