

No. 2  
 8-43  
 5-17-39  
 X37823

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
**FILED JUL 17 1948**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **22356**  
 Registrar's No. \_\_\_\_\_

Registration District No. **47**

Primary Registration District No. **3008**

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

**1. PLACE OF DEATH:**  
 (a) County **6 Callaway**  
 (b) City or town **Fulton**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **State Hospital No. 2**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **2 day**  
(Specify whether years, months or days)  
 In this community **same**

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Mo.** (b) County **Garrison**  
 (c) City or town **Herriman** **31**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? **NO.** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **EDWIN BAUSCH**  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **4** day **7**  
 year **1948** hour **4.** minute **30 P.M.**  
**21. I hereby certify that I attended the deceased from** **4-7-48**, 19\_\_\_\_, to **7-7-48**, 19\_\_\_\_  
 that I last saw ~~him~~ **her** alive on **7-7**, 19**48**  
 and that death occurred on the date and hour stated above.

4. Sex **M.O.** 5. Color or race **W**  
 6. (a) Single, widowed, married, divorced **sep. 1**  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **3** **12** **1895**  
(Month) (Day) (Year)

Immediate cause of death **Cerebral Hemorrhage.**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions **83W**  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

**8. AGE:**  
 Years **53** Months **3** Days **21**  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

**9. Birthplace** **Swiss mo.** **0**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **garage work**

**11. Industry or business**

**12. Name** **Jacob Bausch**  
**13. Birthplace** **Switzerland** **5**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **no.**  
**15. Birthplace** **no.** **0**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Hospital Records**  
 (b) Address **Fulton Mo.**

**17. (a)** **Rest 7/8/48** (b) Date thereof **7/8/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Herriman Mo.**

**18. (a) Signature of funeral director!** **Hugo St. Dumer**  
 (b) Address **Herriman Mo.**

**19. (a)** **7-8-1948** (b) **Jacob Bausch**  
(Date received local registrar) (Registrar's signature)

**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) (c) Means of injury  
 While at work? \_\_\_\_\_  
 Signature **R. P. Price** **0**  
(M. D. or other)  
 Address **Fulton Mo.** Date signed **7/7/48**  
 by **H. Frantz**

RECEIVED  
District Health Officer No. 9,  
District File Number  
JUL 15 1948  
Date Filed

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.....

.....  
working under my personal supervision.

Registered Apprentice No.....  
Signed *Hugo H. Blumberg*  
Licensed Embalmer No. *3160*  
P. O. Address *Meriden, Conn.*

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.