No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 19 1948

Registration District No. 207

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5756

State File No. 27010

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Maries

(b) City or town Jefferson Township
(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 —
In this community entire life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries 63

(c) City or town Rural 5
(If outside city or town limits, write "RURAL")

(d) Street No. 6
(If rural, give location) 6

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

If yes, name country —

3. (a) PRINT FULL NAME William F. Baumgartner

3. (b) If veteran, name war —

3. (c) Social Security No. 492-14-7619

4. Sex Male

5. Color or race W.T.C

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

6. (b) Name of husband or wife Nettie

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Oct (Month) 14 (Day) 1877 (Year)

8. AGE: Years 70 | Months 9 | Days 23 | If less than one day ____ hr. ____ min.

9. Birthplace Maries County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business —

MOTHER FATHER

12. Name Mine Baumgartner

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

14. Maiden name Nettie R. Newhour

15. Birthplace Maries County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Baumgartner

(b) Address Belle - Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 10-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Liberty - Belle Mo

18. (a) Signature of funeral director Emma Johnson Funeral

(b) Address Belle - Mo

19. (a) 8-12-48 (Date received local registrar) (b) Pauline Howard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7
year 1948 hour 1 minute 30 ? .M.

21. I hereby certify that I attended the deceased from July 11 1948 to Aug 7 1948 that I last saw h. alive on Aug 7 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Right cerebral hemorrage & paralysis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) —	
Major findings: Of operations —	
Of autopsy No	

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? —

While at work? — (Specify type of place) (e) Means of injury —

23. Signature O. F. Jones (M. D. or other) MD

Address Belle Mo Date signed Aug 8-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Center No. 9
District File Number
Date Filed AUG 17 1949

AUG 24 19[illegible]

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 Charles Sassmann

Licensed Embalmer No. 4178

P. O. Address Bland—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.