

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30414

Registration District No. 2512

Primary Registration District No. 3044

Registrar's No. 43

1. PLACE OF DEATH

(a) County Miller
(b) City or town Carleton
(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 _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME

CLEMENS PAUL BAUMAN

3. (b) If veteran, name war NO 3. (c) Social Security No. 489-08-2892

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ladie E. Bauman 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased June 19 1887 (Month) (Day) (Year)

8. AGE: Years 61 Months 3 Days 11 If less than one day hr. min.

9. Birthplace St. Francis Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Railway Engineer

11. Industry or business

12. Name Peter Paul Bauman

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

14. Maiden name Freida Rupp

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

16. (a) Informant Mrs. C. P. Bauman

(b) Address Carleton, Mo.

17. (a) Burial (b) Date thereof Oct. 2, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carleton Cemetery

18. (a) Signature of funeral director Louis D. Phillips

(b) Address Carleton

19. (a) Oct. 2, 1948 (b) Walter H. White (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller 66
(c) City or town Carleton 1
(If outside city or town limits, write "RURAL.")
(d) Street No. _____ (If rural, give location) 2
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30 year 1948 hour 1 minute 30 M.

21. I hereby certify that I attended the deceased from Sept 19 48 to Sept 30 1948
that I last saw him alive on Sept 30 48, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism
Due to initial Malvolium disease
Due to Rheumatism in early life

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 92R

Of autopsy

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 E. O. Sheeton (M. D. or other)

Address Carleton Mo Date signed Oct 2 48

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

APR 14 1950

RECEIVED
DISTRICT NORTH CHICAGO No. 9,
Date Filed OCT 11 1948
Index File Number

OCT 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.....

Louis D. Phillips....., Registered Apprentice No.....
working under my personal supervision.

Signed

Louis D. Phillips

Licensed Embalmer No. *3663*

P. O. Address

Edison

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.