

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **32327**  
Registrar's No. **29**

FILED NOV 10 1948

Registration District No. **27**

Primary Registration District No. **5272**

22

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

1. PLACE OF DEATH:

(a) County **CHRISTIAN**

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

(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **65 YEARS**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **CHRISTIAN** <sup>27</sup>

(c) City or town **RURAL POLK** <sup>3</sup>  
(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 **CONRAD BAUM**

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **NONE**

4. Sex **M** 5. Color or race **WHT.**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **MARTHA DOHLMAN**

6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **NOV. 27 1875**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>73</b>	<b>1</b>	<b>0</b>	_____ hr. _____ min.

9. Birthplace **POMERY OHIO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business \_\_\_\_\_

12. Name **GEORGE BAUM**

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

14. Maiden name **BARBARA MEINHARDT**

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

16. (a) Informant **MRS. MARTHA BAUM**

(b) Address **BILLINGS, MO**

17. (a) **BURIAL** (b) Date thereof **10-30-1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **BILLINGS, MO**

18. (a) Signature of funeral director **John Dean James**

(b) Address **Cleaver, Mo.**

19. (a) **10-30-48** (b) **Allene Dyer**  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **27**  
year **1948** hour **9** minute **40 A.M.**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 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 **Cerebral Aneurysm**

Due to **Died instantly**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

Underline the cause of 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 \_\_\_\_\_

23. Signature **A.P. Caplin** (M. D. or other) \_\_\_\_\_

Address **Brunswick, Mo.** Date signed **10-28-48**

RECEIVED

District Health Officer No. 6,

District File Number 1148-1227

Date Filed 11-9-48

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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 \_\_\_\_\_

*John Dean Harris*

Licensed Embalmer No. 4390

P. O. Address Cleary, 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.