

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

40484

State File No. _____

FILED DEC 27 1948
Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 280

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1220 James St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 1220 James St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Paul Clifford Baum

3. (b) If veteran, name war none 3. (c) Social Security No. 500-09-2293

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Mamie Dye Baum 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased September 10 1885
(Month) (Day) (Year)

8. AGE: Years 63 Months 3 Days 0 If less than one day hr. min.

9. Birthplace Lincoln County Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation barber

11. Industry or business Pouison Barber Shop

12. Name Frank Baum

13. Birthplace unknown New York
(City, town, or county) (State or foreign country)

14. Maiden name Freeman
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mamie D. Baum

(b) Address 1120 James, Carthage, Mo.

17. (a) burial (b) Date thereof Dec 13, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Mo.

19. (a) 12-13-1948 (b) [Signature] (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10 year 1948 hour 7:40 minute a M.

21. I hereby certify that I attended the deceased from 1946 to Dec 10, 1948. that I last saw him alive on Dec 10, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 30 min

Due to _____

Due to _____

Other conditions Myocardial Regeneration 4-5 yrs (Include pregnancy within 7 months of death)

Major findings: Of operations _____ Of autopsy _____ 95F

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) (c) Means of injury _____

23. Signature [Signature] (M. D. or other) MO

Address Carthage, Mo. Date signed 12-13-48

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

49
1
3

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 Frank W. Kuehl

Licensed Embalmer No. 4440

P. O. Address Carthage

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.