

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16468

State File No. ....

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 4275 Registrar's No. 416

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>999</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marionville 5</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Wellsville, 14</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Methodist Home for Aged</b>		d. STREET ADDRESS (If rural, give location) <b>2</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Kate</b> b. (Middle) <b>Baumann</b> c. (Last) <b>Baumann</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 28 1949</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>	8. DATE OF BIRTH <b>Sept. 9 1884</b>
9. AGE (In years last birthday) <b>64</b>		IF UNDER 1 YEAR <b>7</b> Months <b>19</b> Days	IF UNDER 2 HRS. <b>331X</b> Hours <b>Min.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Pennsylvania</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>M. C. Everett</b>	
13b. MOTHER'S MAIDEN NAME <b>? Miller</b>		14. NAME OF HUSBAND OR WIFE <b>John A. Baumann</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Earl E. Baumann, Mt. Vernon, Mo.</b> ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage -</b> ANTECEDENT CAUSES <b>Chronic cerebral hemorrhage</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio-sclerosis</b> DUE TO (c) <b>Hypertensive Heart Disease</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b> <b>1937</b> <b>1940 -</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>July 1948</b> , to <b>April 28, 1949</b> , that I last saw the deceased alive on <b>April 27, 1949</b> , and that death occurred at <b>3:42 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>A. P. [Signature]</b>		23b. ADDRESS <b>Marionville Mo</b>	23c. DATE SIGNED <b>4/28/49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>4/28/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Wellsville Kan. Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Wellsville Kansas</b>
DATE REC'D BY LOCAL REG. <b>Apr. 28-49</b>	REGISTRAR'S SIGNATURE <b>Osra Mc Nath 157</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. B. Hurdidge</b> ADDRESS <b>Marionville</b>	

55  
2  
0  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

110

RECEIVED

District Health Officer No. 8

District File Number 549-533

Date Filed 5-9-49

---

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 \_\_\_\_\_

\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_,  
working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Herman Jurrid

Licensed Embalmer No. 3072

P. O. Address Marionville

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.