

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

35865

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township Flour Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. 7009 Paste)

File No. \_\_\_\_\_  
Registered No. 4374  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Carolina Regina Bauman  
(a) Residence, No. 7009 Paste St., 15 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. 21 da. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female  
4. COLOR OR RACE Caucasian  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Bauman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-17-1858

| 7. AGE | YEARS     | MONTHS   | DAYS     | IF LESS than 1 day, _____ hrs. or _____ min. |
|--------|-----------|----------|----------|--|
|        | <u>74</u> | <u>9</u> | <u>5</u> |  |

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Dependent  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Illinois  
(STATE OR COUNTRY)

10. NAME OF FATHER Deuel Achmer Bauman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Regina Rippeck

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

14. INFORMANT Dr. A.C. Kuhl  
(Address)

15. Nov 22 1932 M.M. Corwin  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 22 - 1932

17. I HEREBY CERTIFY, That I attended deceased from Aug 1 1932, to Nov 22 - 1932  
that I last saw h.l.v. alive on Nov 22, 1932, and that death occurred, on the date stated above, at 2 a - m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic myocarditis  
Chronic nephritis

CONTRIBUTORY (SECONDARY) Acute gastro-intestinal  
(duration) yrs. 3 mos. 21 da.  
(duration) yrs. \_\_\_\_\_ mos. 3 da.

18. WHERE WAS DISEASE CONTRACTED Clinton Mo  
IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Laboratory  
(Signed) Henry Taft, M.D.  
11/22/1932 (Address) 900 Health Bldg

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Englewood  
DATE OF BURIAL 11-24 1932

20. UNDERTAKER Simons Funeral Home  
ADDRESS Clinton

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

