

Registration District No. **347** Primary Registration District No. **3018**

1. PLACE OF DEATH:  
(a) County **Henry**  
(b) City or town **Clinton**  
(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 **60 year** years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **Henry**  
(c) City or town **Clinton Mo**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **403 E Franklin St**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **700** years.

3. (a) PRINT FULL NAME **HENRY BAUM**  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **February** day **17**  
year **1941** hour **60** minute **45 P.M.**

4. Sex **Male** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **widow**  
6. (b) Name of husband or wife **Melvina**  
6. (c) Age of husband or wife if alive **10** years  
7. Birth date of deceased **April 10 1853**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 40**, 19**40**, to **Feb 17**, 19**41**;  
that I last saw him alive on **Feb 12**, 19**41**;  
and that death occurred on the date and hour stated above.

8. AGE: Years **87** Months **10** Days **7** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death **Carcinoma of esophagus**  
Due to \_\_\_\_\_  
Duration **about 8 months**

9. Birthplace **Stuttgart Germany**  
(City, town, or county) (State or foreign country)

Other conditions **None**  
(Include pregnancy within 3 months of death)  
Due to \_\_\_\_\_

10. Usual occupation **merchant**

Major findings: Of operations **None**  
Of autopsy **None**  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business **hair wear**  
12. Name **Patrick Baum**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Melvina Bergman**  
15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Katharine Baum**  
(b) Address **Clinton Mo**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **no**  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? **None**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

17. (a) **Burial** (b) Date thereof **2-19-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Englewood**

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director **Conrad W. Beck**  
(b) Address **Clinton Mo**  
19. (a) **2-20-41** (b) **D. J. R. Hampton**  
(Date received local registrar) (Registrar's signature)

23. Signature **E. B. Hughes** (M. D. or other) **M.D.**  
Address **Clinton, Mo.** Date signed **2/20/41**

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

42  
1  
2

MOTHER FATHER

JUL 22 1948

RECEIVED  
District Health Officer No. 7  
District File Number 3-41-398  
Date Filed 3-4-41

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.....

*J. E. Consoles*

Licensed Embalmer No. 1891

P. O. Address Clinton 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.