

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

LED MAY 10 1943  
Registration District No. 37

Primary Registration District No. 5508

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Montrose-Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: DePaul Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community about 60 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3 miles North East Montrose  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 70 years.

3. (a) PRINT FULL NAME Louis Joseph Kaumans  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 22 1943  
year \_\_\_\_\_ hour 9 minute 40 P.M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Wife 6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased June 18 1866  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-13 1943 to 3-22 1943  
that I last saw him alive on 3-22 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 9 Days 3  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Coronary hemorrhage  
Due to arterio-sclerosis

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

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 8 months of death) §30

10. Usual occupation Farmer

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business Stockman

12. Name Joseph Kaumans

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Franz Walter

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Kaumans

(b) Address Montrose

17. (a) Burial (b) Date thereof 3/25-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montrose

18. (a) Signature of funeral director Wesley Bee  
(b) Address Montrose

19. (a) 3/24/43 (b) W. Wesley  
(Date received by local registrar) (Signature)

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) (e) Means of injury \_\_\_\_\_

23. Signature W.E. Baggerly (M. D. or other) MD  
Address Montrose Mo Date signed 3/24/43

RECEIVED

District Health Officer No. 7,

District File Number 4-43-173

Date Filed 5-6-43

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 Lee*

Licensed Embalmer No.

1099

P. O. Address

Appleton City, Mich.

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.