

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 2 1948
Registration District No. 137

U.S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3023

State File No. 4623
Registrar's No. 49

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

1. PLACE OF DEATH:

(a) County Henry Clinton
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 405 E Franklin St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Kathryn E Baum
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex F / Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 3 14 1884
(Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 3
If less than one day hr. min.

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

10. Usual occupation School Teacher

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Baum 4
13. Birthplace Germany
(City, town, or county) (State or foreign country)

{ 14. Maiden name Melina Bergman
15. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Agnes Ryder
(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 3-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Sickman & Dunning
(b) Address Clinton Mo

19. (a) 2-28-48 (b) R. J. Kenney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 405 E Franklin
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27
year 1948 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 11 1947, to Feb. 27 1948
and that death occurred on the date and hour stated above.

Immediate cause of death metastatic carcinoma of spinal cord
Due to carcinoma of left breast
Duration 6 mo.

Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: carcinoma of breast
Of operations _____
Of autopsy _____
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) No
(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 S. O. Wray (M. D. or other) M.D.
Address Clinton Mo Date signed 2/28/48

MAR 27 1948

RECEIVED
District Health Officer No. 7,
District File Number 2-40-16-3
Date Filed 3-1-48

OCT 1 1954

OCT 14 1955

MAR 11 1968

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. R. Houser
Licensed Embalmer No. 3682
P. O. Address Calhoun, 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.