

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

24895
 Do not use this space.

DEC'D AUG 9 1938

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104
 (b) Township Bourbon Primary Registration District No. 5156 Registered No. 189
 (c) City Callaway (d) Street No. Route 2, Hulton Mo. St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Route 2, Hulton, Mo. St. _____ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Baumgartner
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-8-1863
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 74 8 18
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edwardsville Illinois

FATHER 13. NAME Matthew Baumgartner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Mary Coffman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. E. J. Terrian Columbus, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Millerburg DATE 7-28-38

19. FUNERAL DIRECTOR (ADDRESS) Parkers Columbus, Mo.

20. FILED Aug 1 1938 R. N. Creve Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-26-1938

22. I, HEREBY CERTIFY, That I attended deceased from Mich. 1 - 1938 to July - 26 - 1938
 I last saw him alive on July - 26 - 1938 Death is said to have occurred on the date stated above, at 7:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Aneurysm Date of onset Mich. 1 - 38
fact

Other contributory causes of importance: High B.P. do not know

Name of operation None Date of _____
 What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury _____, 19____
 Where did injury occur? No (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) W. D. Dyer, M. D.
 (Address) Columbia, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, W. D. Whitfield, Licensed Embalmer No. 3893
hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. D. Whitfield

L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed W. D. Whitfield
Licensed Embalmer No. 3893

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.)