DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2319

FILED FEB 7 1940

Registration District No. 297 Primary Registration District No. 5414 Registrar's No. 6.

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Rural-Washington
(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 2 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Rural Washington, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Near Washington, Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lucy Baumann

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Feamle

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. 24, 1885 (Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 13 If less than one day hr. min.

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

10. Usual occupation Retired Housekeeper

11. Industry or business

FATHER
12. Name Oston Pruted
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Matilda Hearing

(b) Address Rural Washington, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-40 (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Wm. H. Stone

(b) Address Union Mo. 210

19. (a) Jan. 9-1940 (Date received local registrar) (b) N. A. May (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7th year 1940 hour 10:50 minute a.m.

21. I hereby certify that I attended the deceased from 1-4-40, 1940, to 1-7-40, 1940 that I last saw her alive on 1-8-40, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Hemiplegia	1 Mo
Senility	
Major findings: Of operations Heart - blind	
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 Y

(c) Where did injury occur? Y (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Y (Specify type of place)

While at work? No (e) Means of injury Y

23. Signature J. M. Denny (M. D. or other)

Address Union Mo Date signed 1-8-40

(Licensed Embalmer's Statement on Reverse Side)

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 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.....

Licensed Embalmer No. 3175

P. O. Address Union, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.