

S. No. 2  
-1-4-41  
5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1705

State File No. ....

FILED FEB 10 1942

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mo Meth Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 da. (Specify whether years, months or days)  
In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2903 N 9th  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Charles Wm Daum

(b) If veteran. No (c) Social Security No. 491-09-2250

4. Sex Male (5. Color or race White) 6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife. Lottie Daum (c) Age of husband or wife if alive 39 years  
7. Birth date of deceased Aug. 21 1891 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
50 4 21 hr. min.

9. Birthplace Des Moines Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Car Salesman

11. Industry or business Grant Motor Co.

12. Name George F. Daum

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

14. Maiden name Emma Daum (unk)

15. Birthplace Troy Kansas (City, town, or county) (State or foreign country)

16. (a) Informant Floyd Daum

(b) Address St Joseph Missouri

17. (a) Burial (b) Date thereof Jan 14 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Troy Kansas

18. (a) Signature of funeral director Fleeman Lawrence

(b) address St Joseph Missouri

19. (a) Date received local registrar Jan 14 1942 (b) Registrar's signature (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12 year 1942 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1 - 1942 to Jan 6 1942 that I last saw him alive on Jan 6 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial Asthma, Route Unknown, C.V.S. Les, Chronic Bronchitis

Other conditions: (Include pregnancy within 9 months of death) 30g

Major findings: Of operations, Of autopsy

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 Edward Craig (M. D. or other) O.M.D.  
Address St Joseph Mo Date signed 1-14-42

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

MOTHER FATHER

1-26-1942

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 me

1-12-42

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Geo E Daniel

Licensed Embalmer No. 3300

P. O. Address St Joseph

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.