

S. No. 2  
M-1-4-41  
Rev. 5-17-39  
K26330

18252

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

JUN 22 1942  
Registration District No. \_\_\_\_\_

Primary Registration District No. 5580

Registrar's No. 15-30

50  
80

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

1. PLACE OF DEATH:

(a) County. JEFFERSON  
(b) City or town. MERMAC TWP.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
RFD #1 Catawissia, Mo. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. \_\_\_\_\_  
(Specify whether years, months or days) 72 years

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jefferson  
(c) City or town. Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. RFD #1 Catawissia, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME: GODFREY BAUMGARTH

3. (b) If veteran, name war. No 3. (c) Social Security No. None

4. Sex. Male 5. Color or race. White 2 6. (a) Single, widowed, married, divorced. Widowed  
6. (b) Name of husband or wife. Emma Baumgarth 6. (c) Age of husband or wife if alive. \_\_\_\_\_ years  
7. Birth date of deceased. October, 16, 1863.  
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 28 If less than one day hr. min.

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

10. Usual occupation: Farmer

11. Industry or business: Own farm

12. Name: Godfrey Baumgarth  
13. Birthplace: Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name: Unknown  
15. Birthplace: Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant: Julius Baumgarth  
(b) Address: Pacific, Mo.

17. (a) Burial (b) Date thereof: 5-17-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: Oak Cem. Catawissia, Mo.

18. (a) Signature of funeral director: John Thayer  
(b) Address: Pacific, Mo.

19. (a) Date received local registrar: 14 May 42 (b) Signature of Registrar: James A. Townsend  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14  
year 1942 hour 6 minute 50 P. M.

21. I hereby certify that I attended the deceased from October 5, 1941 to May 14, 1942  
that I last saw him alive on May 14, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac asthma. 5 years.  
Due to: Generalized arteriosclerosis  
Due to: Hypertrophied prostate  
Other conditions: (Include pregnancy within 3 months of death)  
Major findings: Of operations: 1370  
Of autopsy: \_\_\_\_\_

Duration

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) \_\_\_\_\_  
(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) Means of injury: \_\_\_\_\_  
Signature: Gordon B. Baker (M. D. or other)  
Address: Pacific Date signed: 5/15/42

12-20

6852

of  
of  
and

**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 *Joe Lee Lee*

Licensed Embalmer No. *3008*

P. O. Address *Pacific St*

**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.**

*7-11-71*