S. No. 2
M—5-42
r. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 9 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37563

State File No.

Registration District No. 207 Primary Registration District No. 5756 Registrar's No. 175

1. PLACE OF DEATH:

(a) County Maries 63
(b) City or town rural ~~(Belle)~~ Jefferson Twp
(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 (Specify whether
In this community entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries 63
(c) City or town Belle, (Rural) 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Alfred Earl Baumgartner

3. (b) If veteran, name war

3. (c) Social Security No. 498-03-9390

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased January (Month) 10th (Day) 1910 (Year)

8. AGE: Years 32 Months 10 Days 5 If less than one day hr. min.

9. Birthplace Belle (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Counter Co. Employee

11. Industry or business

FATHER
12. Name W. F. Baumgartner
13. Birthplace Maries (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Hattie Keeney
15. Birthplace St. James (City, town, or county) Missouri (State or foreign country)

16. (a) Informant W. F. Baumgartner
(b) Address Belle, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/17/42 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty

18. (a) Signature of funeral director Sassmann's Funeral Service
(b) Address Belle, Missouri

19. (a) 10-18-42 (Date received local registrar) (b) Erma Bassett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15
year 1942 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from ✓
✓, 19 ✓ to ✓, 19 ✓;
that I last saw h ✓ alive on ✓, 19 ✓;
and that death occurred on the date and hour stated above.

Immediate cause of death Probable brain concussion or compression

Due to automobile going into ditch

Due to throwing deceased out of the car onto head and neck

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 170C-8

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) Accident 663
(b) Date of occurrence Nov. 15, 1942
(c) Where did injury occur? Belle, Maries, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Road (Specify type of place)
While at work? ✓ (e) Means of injury Car accident

23. Signature S. C. Howard (M.D. or other) DO
Address Vienna, Mo. Date signed 11/17/42

1096 (Licensed Embalmer's Statement on Reverse Side) Maries County Coroner

DEC 9 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed. Chester Passman

Licensed Embalmer No. 4178

P. O. Address. Bland - 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.