S. No. 2
0M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
NOV 1 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33701

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4335

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3511 Wayne /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: XX
In this community: 24 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 3511 Wayne 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: AUGUST J. BAUMAN or G. A.
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Ma
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Jessie Bauman
6. (c) Age of husband or wife if alive: 66 years
7. Birth date of deceased: December (Month) 7 (Day) 1868 (Year)

8. AGE: Years 74 Months 10 Days 4 If less than one day ___ hr. ___ min.

9. Birthplace: Boonville (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation: Retired Interior Decorator
11. Industry or business:
12. Name: August Bauman
13. Birthplace: Netherlands (City, town, or county) 8 (State or foreign country)
14. Maiden name: Maria Fuchs
15. Birthplace: Netherlands (City, town, or county) 8 (State or foreign country)
16. (a) Informant: Earl Bauman
(b) Address: 3511 Wayne
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-12-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park
18. (a) Signature of funeral director: J. W. Wagner
(b) Address: Kansas City, Mo.
19. (a) 10-12-43 (Date received local registrar) (b) Deg N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11th year 1943 hour 6: minute 10 A M.

21. I hereby certify that I attended the deceased from Oct 9th 43 to Oct 11 1943 that I last saw him alive on Oct 10 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	
Due to: Cystic pelvicitis	
Due to: Chronic Intestinal Nephritis	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: None 13 to
Of autopsy: None

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? ✓
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? ✓ (Specify type of place) (e) Means of injury: ✓

23. Signature: [illegible] (M. D. or other)
Address: 4600 Emanuel Date signed 10/11/43

(Licensed Embalmer's Statement on Reverse Side)

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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.

State of Mo
County of Jackson } ss.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 33701-43
Local Registrar's No. 4335

On this 19th day of June, 1944, before me appears Mr. Earl Bauman, who, upon his oath, states that the original record of ~~birth~~ death for August J. Bauman ~~filed~~ born Dec 10-11, 1943, in the State of Missouri, and which was filed at KC on 12-14, 1943, should be corrected as follows:

Item No. 3 A should read August J. (or G.A.) Bauman
Instead of August D. Bauman

Item No. ____ should read ____
Instead of ____

Item No. ____ should read August J. as verified by
Instead of Affidavit from family
Item No. ____ should read Bible record.
Instead of ____

Item No. ____ should read G.A. - Verified by name
Instead of on Mo Warranty Deed
Item No. ____ should read B 3546 P. 701
Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and ~~belief~~.

(SEAL)

Affiant Earl S Bauman Son
Relationship.

3511 Wayne
Present Address.

Subscribed and sworn to before me this 19th day of June, 1944.

My Commission expires Oct. 20. 1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
25M-3-42
X32339