U. S. No. 2
00M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40321

State File No.

REC'D DEC 22 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5067

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: 3536 Woodland (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX (Specify whether years, months or days)
In this community 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No. 3536 Woodland (If rural, give location) 8
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES R. BAUM
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Ma
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louise Baum
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased September (Month) 19 (Day) 1863 (Year)

8. AGE: Years 80 Months 2 Days 11 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)
10. Usual occupation Retired Cabinet Maker
11. Industry or business
MOTHER FATHER
12. Name Charles Baum
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Wilhemina Schubert
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Mrs. Louise Baum
(b) Address 3536 Woodland
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-2-43 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill
18. (a) Signature of funeral director J. M. Wagner
(b) Address Kansas City, Mo.
19. (a) 12-2-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30 year 1943 hour 8: minute 30 P. M.
21. I hereby certify that I attended the deceased from Nov 1 '43, 19..., to Nov 1 '43, 19...; that I last saw him alive on Nov 1 '43, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Dilatation of heart — 1 hr.
Due to senility
Due to 9 5 C 4
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature D. J. Davis (M. D. or other)
Address 907 Waldheim Bld Date signed 12-1-43

(Licensed Embalmer's Statement on Reverse Side)

11-4740

FEB 20 1945

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 R. R. Hainschild

Licensed Embalmer No. 4159

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.