

No. 2
4-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

99267

Registration District No. _____

Primary Registration District No. _____

1002

Registrar's No. _____

1083

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: Polyclinic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 38 hrs
In this community 38 hrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1738 Penn
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Raymond Lee Baum

3. (b) If veteran,

name war no

3. (c) Social Security

No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th
year 1946 hour 1:30 A minute _____ M.
21. I hereby certify that I attended the deceased from March 3
1946 to March 5 1946
that I last saw him alive on March 4 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Premature birth

Duration

Due to _____

Due to _____

6 mo

Other conditions wt 2 1/2 #
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

159

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) (e) Means of injury _____

23. Signature Dr R. Rapert (M. D. or other) _____

Address 2301 Summit Date signed March 5 1946

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

81.93

MOTHER FATHER

11. Industry or business _____
12. Name Robert R. Baum
13. Birthplace Kansas City Mo
(City, town, or county) (State or foreign country)
14. Maiden name Gene Baswell
15. Birthplace Kansas
(City, town, or county) (State or foreign country)
16. (a) Informant Robert R. Baum
(b) Address 1738 Penn
17. (a) Wm Burdick (b) Date thereof March 6 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clmwood Cem.
18. (a) Signature of funeral director Mrs. G. L. Faister
(b) Address 918 Brookline
19. (a) 3-5-46 (b) Steedine Holmes
(Date received local registrar) (Registrar's signature)

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..... *C. L. Wise*

Licensed Embalmer No. *25-70*

P. O. Address..... *K. C. 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.