No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 5 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24079
Registrar's No. 2987

Registration District No. 149
Primary Registration District No. 1002

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 4131 MERCIER
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --
(Specify whether
In this community 60 YEARS
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. 4131 MERCIER 80
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME LOUIS FRANKLIN BAUM
3. (b) If veteran, name war NO
3. (c) Social Security No. 495-09-5016

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. LOUISE BAUM
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased OCTOBER 1 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 12 If less than one day ... hr. ... min.

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)
10. Usual occupation SALESMAN
11. Industry or business JONES STORE COMPANY
FATHER
12. Name GABRIEL BAUM
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name UNKNOWN THOMPSON
15. Birthplace UNKNOWN UNKNOWN
(City, town, or county) (State or foreign country)
16. (a) Informant MRS. LOUISE A. BAUM
(b) Address 4131 MERCIER
17. (a) BURIAL (b) Date thereof JULY 15 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt MORIAH CEM. K.C. MO.
18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 7-15-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 13th
year 1947 hour 8:40 minute P.M.

21. I hereby certify that I attended the deceased from May 17, 1947, to July 13, 1947; that I last saw him alive on July 11, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion, acute	3 min.
Due to arteriosclerosis	10 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations n/a
Of autopsy

PHYSICIAN
Underline the cause of 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 0

23. Signature M. Donald McFarland (M. D. or other) M.D.
Address 315 Alameda Rd. Date signed 7/14/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

1.30.5

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 John E. Spraking, Registered Apprentice No. 504 working under my personal supervision.

Signed Oscar Rothay

Licensed Embalmer No. 1767

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.