

WHITE PAPER, WITH GRADING INK--THIS IS A PERMANENT RECORD

REC'D JUL 15 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22091
Do not use this space.

1. PLACE OF DEATH

(a) County Gentry Registration District No. 309
(b) Township Athena Primary Registration District No. 5427
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Richard Baldock

(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22, 1871

7. AGE YEARS 67 MONTHS 8 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Inmate Co. Mo.
9. Industry or business in which work was done, as saw mill, bank, etc. farm 2 yrs
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Gentry Co. Mo. (STATE OR COUNTRY)

FATHER 13. NAME Ruben Baldock
14. BIRTHPLACE (CITY OR TOWN) Gentry Co. Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Martha Culp
16. BIRTHPLACE (CITY OR TOWN) Gentry Co. Mo. (STATE OR COUNTRY)

17. INFORMANT Joe Baldock (ADDRESS) Albany, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shepherd DATE 6-17-39

19. FUNERAL DIRECTOR R.L. Yapple (ADDRESS) Albany, Mo.

20. FILED June 16, 1939 W. P. Martin Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1939, to June 15, 1939.
I last saw him alive on June 15, 1939. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage of
Stomach & liver
Stomach & liver 1939

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____ (Signed) J. N. Berger, M. D.
(Address) Albany, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 111

District File Number

739-788

Date Filed

JUL 11 1939

STATEMENT BY LICENSED EMBALMER

I, Robert L. Yaple, Licensed Embalmer No. 3308

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Robert L. Yaple

Licensed Embalmer No. 3308

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.)