DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32052

REC'D OCT 13 1939

Registration District No. 109 | Primary Registration District No. 5-1-5-2 | Registrar's No. 675

1. PLACE OF DEATH: 3

(a) County: Callaway

(b) ~~City or town~~: Rural & Summit
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: North on 54 Highway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether years, months or days)

In this community: Holt Summit, Mo

2. USUAL RESIDENCE OF DECEASED: 1

(a) State: Mo (b) County: Callaway

(c) City or town: Rural.
(If outside city or town limits, write "RURAL")

(d) Street No.: Holt Summit, Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

435

3. (a) PRINT FULL NAME: Owen Lee Boldwin

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: Male

5. Color or race: W

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: —

6. (c) Age of husband or wife if alive: — years

7. Birth date of deceased: Feb 13 (Month) 1929 (Day) (Year)

8. AGE: Years 16 | Months 6 | Days 24 | If less than one day — hr. ____ min.

9. Birthplace: Jefferson City, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: farmer

11. Industry or business: no 0

MOTHER FATHER

12. Name: Walter Boldwin 0

13. Birthplace: Hartsburg Mo 0 (City, town, or county) (State or foreign country)

14. Maiden name: Edna Evans

15. Birthplace: Callaway Co. Mo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Walter Boldwin.

(b) Address: Holt Summit, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 9 1939 (Month) (Day) (Year)

(c) Place: burial or cremation: Union Hill Cem.

18. (a) Signature of funeral director: Brescher Funeral Home

(b) Address: Jefferson City, Mo.

19. (a) ____ (Date received by local registrar) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7th, 1939 year ____ hour 6 P. M. minute ____ M.

21. I hereby certify that I attended the deceased from ____ 19__ to ____ 19__; that I last saw him alive on Sept. 7th 1939; and that death occurred on the date and hour stated above.

Immediate cause of death was from an Automobile Accident, Broken neck and internal injuries

Due to dying almost instantly

Due to ____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations ____

Of autopsy ____

Duration

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: C. W. Holman, Coroner (M. D. or other)

Address: 8-E. 8th. St. Fulton, Mo. Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of CAUSE OF DEATH in plain terms, so that it may be properly coded. PLEASE TYPE—INK IS ESSENTIAL. Every imp...

Rev. 6-17-39
Form 1 X19511

210 m

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address J.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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

32052

Do not use this space.

1. PLACE OF DEATH
(a) County: Callaway — Registration District No.: 109
(b) Township: Summitt — Primary Registration District No.: 5152 — Registered No.: 675
(c) City: ... (d) Street No.: ... St.
(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: Owen Lee Baldwin
(a) Residence, No.: ... St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): S

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

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

7. AGE: Years 16 — Months 6 — Days 24 — If LESS than 1 day, ... hrs. or ... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ... DATE ... 19..

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED ... 19.. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.., to ..., 19.. I last saw h... alive on ..., 19.. Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Automobile accident. Broken neck. Internal injuries. Dying almost instantly

Other contributory causes of importance:
Evidence seemed, lost control of auto. and went over bank embankment, turning over several times.

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 Sept. 7, 1939
Where did injury occur? Callaway Co. Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
On U.S. Highway - 54 on hill just West of the K.C.T. R.R. tracks
Motor vehicle injury
Name of driver
Falling over + over down embankment on east side.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. M. Hulsman Coroner
(Address) E. 8th St. Fulton Mo.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED

N.B.—Everything should be carefully supplied. AGE should be ... CAUSE OF DEATH should be plainly ... form ... plain ... it may be properly classified. Exact statement of OCCUPATION is very ... RECORD PLAINLY—

S-32052