

1890 OCT 1 1939

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

33711

Do not use this space.

1. PLACE OF DEATH
(a) County Sullivan Registration District No. 853
(b) Township Polk Primary Registration District No. 6-1-20-4518-
(c) City Milan (d) Street No. _____ St. _____
(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 Charles Elbert Baldurn
(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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Baldurn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 30, 1869
7. AGE YEARS 69 MONTHS 2 DAYS 23 If LESS than 1 day, _____ hrs. _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hardware
9. Industry or business in which work was done, as saw mill, bank, etc. Merchant
10. Date deceased last worked at this occupation (month and year) Aug 15, 1939 11. Total time (years) spent in this occupation _____

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

FATHER 13. NAME Jonah P. Baldurn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

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

17. INFORMANT (ADDRESS) Mrs. C. E. Baldurn
Milan, Mo.

18. BURIAL, CREMATION, OR REMOVAL Oakwood Cem. Milan DATE Sept 10 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. J. Schoen
Milan, Mo.

20. FILED Oct. 1 1939 Leo Hagan
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1939 to Sept 1939
I last saw him alive on Sept 8 1939 Death is said to have occurred on the date stated above, at 1:20 p.m.
The principal cause of death and related causes of importance were as follows:

Chlorosis of liver

Other contributory causes of importance:

Thrombophlebitis

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 _____ 1939

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? _____

If so, specify _____

(Signed) Quinn L. Becker

(Address) Milan Mo.

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, ...

Frank A. Schone

or by

Registered Apprentice No., working under my personal supervision.

Signed

Frank A. Schone

Licensed Embalmer No.

2016

P. O. Address

Wheaton, Ill.

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.