

DEC 11 1939

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

39117
Do not use this space.

1143

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 86
 (b) Township Washington Primary Registration District No. 527
 (c) City or _____ (d) Street No. County Infirmary 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 7 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Joseph Henry Baldwin
 (a) Residence, No. County Infirmary 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maudie Baldwin
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1878
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 61 8 3
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Nov. 1929 11. Total time (years) spent in this occupation 20 yrs.
 12. BIRTHPLACE (CITY OR TOWN) Hart Co. Missouri
 FATHER 13. NAME William Baldwin
 14. BIRTHPLACE (CITY OR TOWN) London England
 MOTHER 15. MAIDEN NAME Elizabeth Blackburn
 16. BIRTHPLACE (CITY OR TOWN) unknown Nebraska
 17. INFORMANT Mrs Sarah E. Welch
 (ADDRESS) 2721 So. 20th - St Joseph Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Flag Springs DATE Nov. 7th 1939
 19. FUNERAL DIRECTOR (NAME) Heaton BeGolt + Bowman
 (ADDRESS) St Joseph Missouri
 20. FILED Nov 7 1939 W. Nestlebusch Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 1938 to Nov. 2nd 1939
 I last saw him alive on Nov. 2nd 1939, Death is said to have occurred on the date stated above, at 1:00 p.m.
 The principal cause of death and related causes of importance were as follows:
General Arteriosclerosis Date of onset Don't know
 Other contributory causes of importance: Chronic Nephritis
 Name of operation none Date of _____
 What test confirmed diagnosis clinical Was there an autopsy? no
 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) A. E. Holley M.D.
 (Address) 212 Edmund St. St. Joseph 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.

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 Nov 4, 8

....., Registered Apprentice No.
working under my personal supervision.

Signed W E Zimmerman

Licensed Embalmer No. 3007

P. O. Address 319 8010 St. Jorg

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.