

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.

JAN 8 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43205

Registration District No. 237

Primary Registration District No. 5623

Registrar's No.

1. PLACE OF DEATH:

- (a) County. Dade
(b) City or town. Greenfield, Mo. Rural #
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether

In this community.
years, months or days)

3. (a) PRINT
FULL NAME

Roberta Mae Baldwin. 42

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex. Female

5. Color or
race White

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

6. (b) Name of husband or wife.

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

7. Birth date of deceased. Nov. 22, 1939
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

0

0

0

hr.

0

min.

9. Birthplace. Greenfield, Mo.

(City, town, or county)

(State or foreign country)

10. Usual occupation.

11. Industry or business.

12. Name. C. E. Baldwin.

13. Birthplace. Centralia, Oklahoma.

(City, town, or county)

(State or foreign country)

14. Maiden name. Lilly A. Coiner

15. Birthplace. Golden City, Mo.

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature. C. E. Baldwin

(b) Address. Greenfield, Mo. Rt. 1.

17. (a) Burial (b) Date thereof Nov. 23, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. New Bethel Cem.

18. (a) Signature of funeral director. J. W. Ward

(b) Address. Greenfield, Mo.

19. (a) Dec 3-1939 (b) Res. R. Ward
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri. (b) County. Dade

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

(d) Street No. Route 1.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
year 1939 hour 7 minute 30 AM.

21. I hereby certify that I attended the deceased from
Nov. 22, 1939 to Nov. 22, 1939
that I last saw her alive on Nov. 22, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death.

Still-Born--

Duration

Due to. Contracted Pelvis-

Forced Delivery.

Due to. Pressure on cord.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations.

Of autopsy.

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically

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?

While at work? (Specify type of place)
(e) Means of injury

23. Signature. H. Drindel M.D. (M. D. or other)

Address. Greenfield, Mo. Date signed.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

of File Number 239-2617

Date Filed DEC 22 1939

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.....

J. W. Ward

Licensed Embalmer No. 2832

P. O. Address Greenfield, N.H.

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.