

JAN 15 1940

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

43235

Do not use this space.

## 1. PLACE OF DEATH

(a) County Dak. 2 Registration District No. 260  
 (b) Township Grandview 1 Primary Registration District No. 5363  
 (c) City Grandview (d) Street No. 435 St. Franklin Baldwin  
 (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

(a) Residence, No. 435 Franklin Baldwin St. Franklin Baldwin  
 (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) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Franklin Baldwin  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 5 1867  
 7. AGE YEARS 72 MONTHS 8 DAYS 1 If LESS than 1 day, ..... hrs. or ..... min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unc. Gardner  
 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) Chiles Pa  
 13. NAME J. C. Baldwin  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa  
 15. MAIDEN NAME Cecelia Huey  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa  
 17. INFORMANT J. H. Baldwin (ADDRESS) Cameron Ma.  
 18. BURIAL, CREMATION, OR REMOVAL McDonnell Cem.  
 PLACE Cameron Ma. DATE 12-8 1939  
 19. FUNERAL DIRECTOR (NAME) W. Moore (ADDRESS) Cameron Ma.  
 20. FILED 12-8 1939 J. W. Mahill Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC 6 - 1939 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1939 to Dec 7 1939  
 I last saw him alive on Dec 3 1939. Death is said to have occurred on the date stated above, at 7:40 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Myocarditis, chronic Date of onset  
 Other contributory causes of importance: 93C  
 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? no 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. W. Mahill M. D.  
 (Address) Cameron Ma.

RECEIVED

District Health Officer No. 111

District File Number 140-1899

Date Filed JAN 12 1940

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, A. Moore, or by \_\_\_\_\_

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

Signed \_\_\_\_\_

Licensed Embalmer No. 1180

P. O. Address Cameron, 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.