

FILED MAR 12 1940

STANDARD CERTIFICATE OF DEATH

State File No. 7988

Registration District No. 1115

Primary Registration District No. 6021

Registrar's No. 6

1. PLACE OF DEATH:
 (a) County St. Francois
 (b) City or town Libertyville, Mo.
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location) 2
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days 4 25

3. (a) PRINT FULL NAME Margaret Luise Baldwin
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Female
 5. Color 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 Feb 4 1870
 (Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 6
 If less than one day _____ hr. _____ min.

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

10. Usual occupation House

11. Industry or business _____

MOTHER FATHER
 12. Name Merian Gambler
 13. Birthplace _____
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Ann Shaw
 15. Birthplace Peru Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature C. A. Baldwin
 (b) Address Libertyville Mo

17. (a) Burial (b) Date thereof _____
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Libertyville Mo

18. (a) Signature of funeral director Caldwell Bur
 (b) Address Flat Bismar

19. (a) 2-24-40 (b) H. G. Rydeen
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County St. Francois
 (c) City or town Libertyville
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10
 year 1940 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from Jan 20
1940 to Feb 10 1940
 that I last saw her alive on Feb 1 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive failure of heart
 Duration 3 mo.
 Due to Arteriosclerotic disease 4 yrs.

Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 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 Geo. H. Watkins (M. D. or other) _____
 Address Washington Mo Date signed 2-16-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **7988**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **1115**

Primary Registration District No. **6021**

Registrar's No. **6**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County **St. Francois**
(b) City or town **Liberty**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME OF DECEASED

Margaret Louise Baldwin

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **F**

5. Color or race **w**

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

6. (b) Name of husband or wife

Charley Baldwin

6. (c) Age of husband, or wife, if alive **74** years

7. Birth date of deceased

(Month) _____

(Day) _____

(Year) _____

8. AGE:

Years

Months

Days

If less than one day

70

0

6

hr. _____ min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(b) Date thereof

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

19. MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **2** day **10**
year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____;
that I last saw him _____ alive on _____ 19 _____;
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

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? _____

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

23. Signature **Geo L. Watkins** (M. D. or other)

Address **Farmington** Date signed _____

SUPPLEMENTAL

