

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15023**

Registrar's No. **31**

Primary Registration District No. **4222**

1. PLACE OF DEATH

(a) County **Howard,**
(b) City or town **Fayette,**
(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 years, months or days) **4 25**

3. (a) PRINT **Alfred Pierce Baldwin,**
FULL NAME

8. (b) If veteran, name war 3. (c) Social Security No.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Eva Moore** 6. (c) Age of husband or wife if alive years

7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

8. AGE: Years **47 about** Months Days If less than one day hr. min.

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer,**

11. Industry or business

12. Name **Tyre Baldwin,**
13. Birthplace **Missouri,**
(City, town, or county) (State or foreign country)

14. Maiden name **Frances Morrow,**

15. Birthplace **Missouri,**
(City, town, or county) (State or foreign country)

16. (a) Informant **Berry-Mise,**

(b) Address **Billingsville, Mo.**

17. (a) **Burial** (b) Date thereof **Apr 14 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **County,**

18. (a) Signature of funeral director **Guy T. Halley, 339**

(b) Address **Fayette, Mo.**

19. (a) **May 4, 1940** (b) **V. C. Bonham**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Howard**
(c) City or town **Fayette,**
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **12**
year **1940** hour minute M.

21. I hereby certify that I attended the deceased from **Feb 20** 19**40** to **4-12** 19**40**
that I last saw him alive on **4-12** and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of urinary bladder**
Due to **51**
Due to

Other conditions **Wrenia**
(Include pregnancy within 3 months of death)

Major findings: **none**
Of operations **none**
Of autopsy **none**

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 **F. M. A.**
23. Signature **Mr. J. Shaw** (M. D. or other)
Address **Fayette Mo** Date signed **4-12-40**

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

RECEIVED

District Health Officer, No. 8.

District File Number

Date Filed 5/7/40

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

Guy T. Kelsey

Licensed Embalmer No. 2964

P. O. Address

Jayette Ave

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.