

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

20688

State File No. \_\_\_\_\_

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2305

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Research  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 65 years (Specify whether)  
years, months or days) 455

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5000 Blue Ridge  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from May 29  
1940, to June 4, 1940  
that I last saw him alive on 6-4-40, 1940  
and that death occurred on the date and hour stated above.  
Immediate cause of death ruptured heart  
Re Vent. Post.

8. (a) PRINT FULL NAME Ernest Austin Baldwin

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

4. Sex male 5. Color or race wh  
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary F. Baldwin 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased April 17 1869  
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 17  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Sandusky New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Isaac W. Baldwin  
13. Birthplace Sandusky New York  
(City, town, or county) (State or foreign country)  
14. Maiden name Louise A. Baldwin  
15. Birthplace Sandusky New York  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary F. Baldwin  
(b) Address 5000 Blue Ridge

17. (a) Burial (b) Date thereof June 6-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Att + Mitchell

(b) Address Independence, Mo

19. (a) June 5, 1940 (Registrar's signature) M. M. Brown  
(Date received local registrar)

Due to Coronary thrombosis with infarction -  
arteriosclerosis.  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy above.

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)  
(c) Means of injury \_\_\_\_\_

23. Signature Small Black (M. D. or other) \_\_\_\_\_  
Address 944 Elm St Date signed \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

**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. 646

P. O. Address 310 N. Main St. Ind.

**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.**