

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **24350**  
Registrar's No. **2960**

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(c) Name of hospital or institution **St. Joseph's Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 weeks**  
In this community **31 years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL.")  
(d) Street No. **.3625 Wayne**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Josephine Baldwin 43.5**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **486-03-0232**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **G. B. Baldwin** 6. (c) Age of husband or wife if alive **44** years

7. Birth date of deceased **March 16 1909**  
(Month) (Day) (Year)

8. AGE: Years **31** Months **4** Days **7** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Clerical Work Bell Telephone Co.**

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

12. Name **Joseph Pretzl**

13. Birthplace **Nebraska**  
(City, town, or county) (State or foreign country)

14. Maiden name **Winnie Robinson**  
15. Birthplace **Kansas City Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **J. B. Baldwin**

(b) Address **3625 Wayne, K. C. Mo.**

17. (a) **Burial** (b) Date thereof **7-26-1940**  
(Burial, cremation, or removal) (Month, Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **F. J. Donnell Co.**  
(b) Address **3256 Broadway, K. C. Mo.**

19. (a) **July 25, 1940** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **23**  
year **1940** hour **12:55** minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from **May 16 - 1940**, 19\_\_\_\_, to **7-23-40**;  
that I last saw her alive on **7-23-40**, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hepatitis with hyperextension chronic**  
Due to **Long standing toxic damage to kidney** | 31  
Due to **Renal abscess of pyelonephritis & apical abscess**  
Other conditions **Terminal uraemic coma -**  
(Include pregnancy within 3 months of death)

Duration

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) **no**  
(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? **no**  
While at work? **no** (Specify type of place) (e) Means of injury **1**  
23. Signature **E. N. Aubrey** (M. D. or other)  
Address **915 Argyle Bldg** Date signed **7-24-40**

WHILE FILLING IN THIS CERTIFICATE, PLEASE USE 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.

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**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

*Park S. Rowe*

Licensed Embalmer No. 2347

P. O. Address H. E. 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.**