FILED OCT 11 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31208

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3771

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wheatley Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days In this community Non-Resident (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson
(c) City or town Warrensburg (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.

3. (a) PRINT FULL NAME Wm. Clay Baldwin
3. (b) If veteran, name war No
3. (c) Social Security No. NO
4. Sex Male
5. Color or race Colored
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sadie Lou Baldwin
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased July (Month) 28 (Day) 1887 (Year)

8. AGE: Years 53 Months 2 Days 2 If less than one day ____ hr. ____ min.

9. Birthplace Johnson Co (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Butler
11. Industry or business
12. Name Henry Baldwin (FATHER)
13. Birthplace Unknown (City, town, or county) Va (State or foreign country)
14. Maiden name Unknown (MOTHER)
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant's own signature Sadie Baldwin
(b) Address Warrensburg Mo
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Oct. 2 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill
18. (a) Signature of funeral director Downey-Phillips
(b) Address Warrensburg Mo.
19. (a) 9-30-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 30 year 40 hour 6 minute 35 A. M.

21. I hereby certify that I attended the deceased from 9/23/40 9/23, 1940, to 9/30, 1940, that I last saw h. alive on 9/30/40, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Due to Acute urinary suppression	
Due to Urinary stones	
Other conditions — (Include pregnancy within 3 months of death) 134	

Major findings:
Of operations —
Of autopsy Stones in ureters & kidneys

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 J. P. Schumacher (M. D. or other)
Address 1826 Forest Date signed 9/30/40

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Earl Priest, Registered Apprentice No. ..... working under my personal supervision.

Signed Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.