

FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **1206**
Registrar's No. **166**

Registration District No. 299

Primary Registration District No. 1002

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

1. PLACE OF DEATH

Jackson
(a) County
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
130 Alameda Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 years
(Specify whether years, months or days)
In this community 30 years
years, months or days

3. (a) PRINT FULL NAME CHARLES A. BALDWIN

3. (b) If veteran, name war WORLD
3. (c) Social Security No. 486-01-4853

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

6. (b) Name of husband or wife Charlotta M.
6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased March 11, 1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 10 Days 1
If less than one day hr. min.

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

10. Usual occupation Office Manager

11. Industry or business E. J. Reardon Cigar Co.

12. Name William Baldwin

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

14. Maiden name Margaret Lantry

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

16. (a) Informant Mrs. Charlotta Baldwin

(b) Address 1309 East 59

17. (a) Burial (b) Date thereof 1-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Zwick & Tobin Co.

(b) Address H. C. Tra

19. (a) Jan 13 1941 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

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. 1309 East 59th
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-12-41 day _____ hour _____ minute 11:35 M.

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

Immediate cause of death _____
Chronic Myocardial Infarction
Due to _____
Coronary Sclerosis
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 Deputy Coroner (M. D. or other) _____
Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

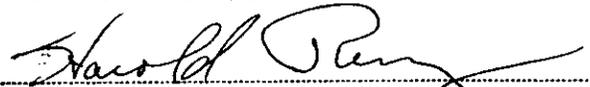
STATEMENT BY LICENSED EMBALMER

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. 4097

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.