

No. 2
1-10-39
-17-39
X21492

Registration District No. 488

Primary Registration District No. 6365

Registrar's No. 12

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

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Siles, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks
In this community City Hospital (Specify whether years, months or days) St. Louis, Mo.

8. (a) PRINT FULL NAME Doris Baldwin

8. (b) If veteran, name war: _____

8. (c) Social Security No. _____

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

6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 30 1923
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>17</u> | <u>2</u> | <u>19</u> | hr. _____ min. _____ |

9. Birthplace St. Charles, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business _____

12. Name Alva Baldwin

13. Birthplace Winfield, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Genevieve Cunningham

15. Birthplace St. Peters, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Alva Baldwin

(b) Address Siles, Mo.

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sulphur Springs

18. (a) Signature of funeral director W. R. ...

(b) Address Siles, Mo.

19. (a) 12-19-1940 (b) W. R. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln

(c) City or town Siles, Mo. Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Neal Siles, Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? American born years.

MEDICAL CERTIFICATION:

20. DATE OF DEATH: Month Dec - day 19 year 1940 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from Dec-17-1940 to Dec-19-1940 that I last saw her alive on Dec-17-1940 and that death occurred on the date and hour stated above.

Immediate cause of death Clinical

Symptoms all points to Pulmonary Embolism

Due to she was operated on for appendicitis about 7 or 8 weeks ago and had some infection, plus a meal of eggs, was home a week called for drink of water raised her up she died in a few minutes

Other conditions (Including pregnancy within 3 months of death) _____

Major findings: _____

Of autopsy No

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 O. H. ... (M. D. or other) MD

Address Siles, Mo. Date signed 2-19-40

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.....

Licensed Embalmer No.....

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.