S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10992

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

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

19
2
5

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: St. John's Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days (Specify whether

In this community 16 days years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Miami Oklahoma (b) County OTTAWA 34

(c) City or town Quapaw (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME Mrs. Jessie Baldwin

3. (b) If veteran, name war

3. (c) Social Security No. NO

4. Sex Female 1

5. Color or race Caw

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 7 (Day) 1888 (Year)

8. AGE: Years 52 Months 9 Days 4 If less than one day hr. min.

9. Birthplace Southwest City (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Mr. David C Smith
13. Birthplace (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name Miss Sarah Perkins
15. Birthplace Bland (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Sally Yates.

(b) Address Joplin, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-13-41 (Month) (Day) (Year)

(c) Place: burial or cremation Carterville, Mo 37½

18. (a) Signature of funeral director [signature]

(b) Address [signature]

19. (a) 4-7-41 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1941 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov. 11th, 1940, to March 11, 1941 that I last saw her alive on March 11, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertension Cardio Renal disease	3 yrs
Due to Generalized Arteriosclerosis	5 yrs
Due to Obesity	10 yrs
Other conditions (Include pregnancy within 3 months of death) 1310	

Major findings:
Of operations —
Of autopsy —

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature O. L. Martin (M. D. or other) M.D.

Address Baxter Springs Date signed March 24

(Licensed Embalmer's Statement on Reverse Side)

41-4-385

D. Martin
Baker

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.