

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11216

REG. APR 20 1941
Registration District No. 4290

Primary Registration District No. 4290

Registrar's No. 49

1. PLACE OF DEATH:

- (a) County LEWIS County
(b) City or town LEWISTOWN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. / (Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME HARRY FRANKLIN BALDWIN3. (b) If veteran, name war _____ 3. (c) Social Security No. none4. Sex male 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 Feb. 26, 1872
(Month) (Day) (Year)8. AGE: Years 69 Months - Days 4 If less than one day hr. min.9. Birthplace Hancock Co. Ill.
(City, town, or county) (State or foreign country)10. Usual occupation Farmer11. Industry or business General Farming12. Name Amos N. Baldwin13. Birthplace Ky.
(City, town, or county) (State or foreign country)14. Maiden name CATHERINE GROVE15. Birthplace Ky.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Jessie Helen Brown(b) Address La Belle, Mo17. (a) Burial (b) Date thereof 3/4/41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation La Belle, Mo18. (a) Signature of funeral director James A. Cader(b) Address La Belle, Mo19. (a) 3/4/41 (b) P. W. Jennings, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County LEWIS
(c) City or town LEWISTOWN
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1941 hour 7 minute 2 A. M.21. I hereby certify that I attended the deceased from March 2
1941, to March 2, 1941;
that I last saw him alive on March 2, 1941;
and that death occurred on the date and hour stated above.Immediate cause of death Apoplexia Duration March 2
Due to High blood pressure years

Due to _____

Other conditions gzw
(Include pregnancy within 3 months of death)Major findings: None

Of operations _____

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 h23. Signature Harry J. W. Bodner, M.D. (or other) DO.Address LeWistown, Mo. Date signed March 2

RECEIVED

District Health Officer No. 10

District File Number 4-41-690

Date Filed APR 10 1941

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 myself

....., 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.