

Registration District No. 135

Primary Registration District No. 5193

Registrar's No. 50

I. PLACE OF DEATH

(a) County Carroll
(b) City or town Wakarusa, Mo
(c) Name of hospital or institution: 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll
(c) City or town Wakarusa, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 5
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Benjamin Franklin Baldwin

3. (b) If veteran, name war _____ 3. (c) Social Security No. ✓

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

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

7. Birth date of deceased Feb. 23 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Store-keeper

11. Industry or business _____

12. Name Elmer E. Baldwin

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

14. Maiden name Mary G. Thomas

15. Birthplace West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs B F Baldwin

(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 4-9-41
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of general director Stanley

(b) Address Carrollton Mo

19. (a) 4-9-41 (b) John Haskin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 6 year 1941 hour 4 minute 10 P M.

21. I hereby certify that I attended the deceased from Apr 5 1941, to Apr 6 1941; that I last saw him alive on Apr 6 1941; and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
Due to _____
Due to _____

Other conditions Enlarged Liver
(Include pregnancy within 3 months of death)
Cause unknown

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? 130
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature William G. Aarwood (M. D. or other) _____
Address Carrollton Mo Date signed 4/9/41

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MAR 11 1943

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 5-6-41

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 Ben W. Gibson
Licensed Embalmer No. 296
P. O. Address Carrollton, Ga.

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.