FILED JUN 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17484

Registration District No. 135 Primary Registration District No. 5193 Registrar's No. 62

17 0 0

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

1. PLACE OF DEATH:
(a) County: Carroll
(b) City or town: Rural Wakenda Twp
(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: 1 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Carroll
(c) City or town: Carrollton (If outside city or town limits, write "RURAL")
(d) Street No.: rural - Wakenda Twp. (If rural, give location)
(e) Citizen of foreign country? ? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Murray Burgie (Baldwin)
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: Pauline Brindle
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Nov. (Month) 16 (Day) 1907 (Year)

8. AGE: Years	Months	Days	If less than one day
33	5	28	hr. min.

9. Birthplace: New York (City, town, or county) N. Y. (State or foreign country)
10. Usual occupation: Salesman
11. Industry or business:
FATHER 12. Name: Unk
FATHER 13. Birthplace: (City, town, or county) a (State or foreign country)
MOTHER 14. Maiden name: Unk
MOTHER 15. Birthplace: (City, town, or county) a (State or foreign country)
16. (a) Informant: Mrs. B. F. Baldwin
(b) Address: Carrollton, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill Cem.
18. (a) Signature of funeral director: Standley
(b) Address: Carrollton Mo
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1941 hour 2 minute 25 P. M.
21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw h... alive on ..... 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Injured man hit by Wabash train No 3 going west at 2:18 P.M. One toe of shoe crushed, shoulder crushed, both legs partially amputated below knees, left shoulder. deceased apparently struck foot 3 train. (Duration)

Other conditions (Including pregnancy, if woman's death)

Major findings:
Of operations
Of autopsy 164 f

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): Suicide
(b) Date of occurrence: May 14, 1941
(c) Where did injury occur? Carrollton (City or town) Carroll (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Wabash tracks, 1 mile east of Carrollton (Specify type of place)
(e) While at work? No (f) Means of injury: R.R. Train
23. Signature: E. L. Smith, Coroner (M. D. or other) D.O.
Address: Tina, Mo. Date signed: May 16, 1941

(Licensed Embalmer's Statement on Reverse Side)

JUL 19 1941

APR 6 1942

RECEIVED
District Health Officer No. 8,
District File Number 6-12-41
Date Filed

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. 2961

P. O. Address Carrollton Mo

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, fact should be so stated above.

S. No. 2B
0—4-25-41
I X27852

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17484

Registration District No. 125 Primary Registration District No. 5193 Registrar's No.

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Wakenda Twp.
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Murray Burgie Baldwin
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Div
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive year
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 33 Months 5 Days 28 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 5-17-41 (Date received local registrar) (b) Ruth Haskins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that last saw h alive on , 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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 T. L. Smith (M. D. or other) Coroner
Address Tina Mo Date signed

SUPPLEMENTARY

APR 6 1942

APR 3 1942