

FILED JUN 3 1941

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19419
State File No. ~~11111~~

Registration District No. 31

Primary Registration District No. 6240

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Butterfield
(If outside city or town limits, write "RURAL" and name of township)
(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

3. (a) PRINT FULL NAME Linna Baldrige

3. (b) If veteran, _____ 3. (c) Social Security No. None
name war _____

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

6. (b) Name of husband or wife Oscar Baldrige 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Sept. 1, 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 8 21 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Green Wilson
13. Birthplace Stotts City Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Crawford
15. Birthplace Marionville Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar Baldrige
(b) Address Monett, Mo.

17. (a) Burial (b) Date thereof 5-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Cemetery

18. (a) Signature of funeral director Callaway
(b) Address Monett, Mo.

19. (a) 5-24-41 (b) Donald Blankenship
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Monett
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1941 hour 91 minute P.M.

21. I hereby certify that I attended the deceased from May 22, 1941, to May 22, 1941
that I last saw her alive on May 22, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Embolicism from Tooth ex traction fever
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? 32

While at work? (Specify type of place) (e) Means of injury _____
23. Signature J. D. Baldrige (M.D. or other) 2
Address Purdy Date signed 5-24-41

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

RECEIVED

District Health Officer No. 6,
District File Number 641-834
Date Filed JUN 2 1949

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 _____

J. D. Buchanan
working under my personal supervision.

_____, Registered Apprentice No. _____

Signed

J. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address

Monette 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, above space should be left blank.