

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5786

FILE MAR 13 1943
Registration District No. 3003Primary Registration District No. 3003State File No. 19Registrar's No. 19

1. PLACE OF DEATH:

- (a) County Barry
 (b) City or town Monett
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: at home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution —
 In this community Most all his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Oscar Baldridge

3. (b) If veteran, name war

no

3. (c) Social Security No.

none

4. Sex

male

5. Color or race

white

6. (a) Single, widowed, married, divorced, or separated

divorced

6. (b) Name of husband or wife

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

1895 years

7. Birth date of deceased

Oct. 24 (Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

46229

hr. min.

9. Birthplace

Cham (City, town, or county)mo. n (State or foreign country)

10. Usual occupation

Laborer

11. Industry or business

Cement finisher

12. Name

George Baldridge

13. Birthplace

Tenn (City, town, or county)Tenn (State or foreign country)

14. Maiden name

Anna King

15. Birthplace

Ark. (City, town, or county)Ark. (State or foreign country)

16. (a) Informant

George Baldridge

(b) Address

Monett, Mo.

17. (a)

buried

(b) Date thereof

Feb. 25, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation

W. O. C. Cemetery

18. (a) Signature of funeral director

S. H. Blawership

(b) Address

Monett, Mo.

19. (a)

2-25-1942 (Date received local registrar)Mrs. Geo. Harnau (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State

mo.

(b) County

Barry

(c) City or town

Monett

(If outside city or town limits, write "RURAL")

(d) Street No.

2 County St.

(If rural, give location)

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

— years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23year 1942

hour

minute

M.

21. I hereby certify that I attended the deceased from

Feb. 23

1942, to

Feb. 24

1942

that I last saw him alive on Feb. 23 and that death occurred on the date and hour stated above.

Immediate cause of death

Some form of heart trouble

Duration

Due to

I don't know

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?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

S. H. Ferguson

(M. D. or other)

Address

Monett, Mo.Date signed 2-25-42

RECEIVED

District Health Officer No. 6,

District File Number

342-306
MAR 11 1942

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

L. H. Blankenship

Licensed Embalmer No.

2397

P. O. Address

Monet, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

5786

Registration District No.

80

Primary Registration District No.

8003

Registrar's No.

1. PLACE OF DEATH:

- (a) County Barry
(b) City or town Monett
(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

Oscar Baldridge

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 w

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive years

7. Birth date of deceased

Oct 24
(Month) (Day) (Year)

8. AGE:

Years'

Months

Days

If less than one day

46

3

29

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry of business

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)

(Date received local registrar)

(b)

(Registrar's signature)

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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23
year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
19.....
that I last saw him..... live on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration

Heart trouble
Due to cardiac

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 sta-
tistically.

22. If death was due to external causes, fill in the following:

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(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)
(c) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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

S-5786

JAN 28 1949