DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12237

State File No.

Registration District No. 85-1

Primary Registration District No. 6116

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Newtown "Rural" Tolag (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 Lifetime

2. USUAL RESIDENCE OF DECEASED: 105 0

(a) State Mo. (b) County Sullivan

(c) City or town Newtown Rural 0 D (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.? years.

3. (a) PRINT FULL NAME John Wesley 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 Widower

6. (b) Name of husband or wife Roberta

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

7. Birth date of deceased Jan (Month) 15 (Day) 1854 (Year)

8. AGE: Years 88 | Months 1 | Days 26 | If less than one day hr. min.

9. Birthplace Sullivan (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name John Baldridge

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

MOTHER 14. Maiden name Nancy Yardley

15. Birthplace Unknown 0 (City, town, or county) (State or foreign country)

16. (a) Informant J. S. Baldridge

(b) Address Laredo Mo.

17. (a) Bushy Burial (Burial, cremation, or removal) (b) Date thereof Mar 15 42 (Month) (Day) (Year)

(c) Place: burial or cremation Bushy - N. of Lucerne

18. (a) Signature of funeral director Judd & Payne

(b) Address Newtown

19. (a) April 1 - 1942 (Date received local registrar) (b) Mrs Lodie Johnson (Registrar's signature)

1103

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th year 1942 hour 4 minute 5 A. M.

21. I hereby certify that I attended the deceased from January, 1940, to March 13, 1942 that I last saw him alive on Mar. 13, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac failure	
Due to uremic poisoning	
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 G. A. Dale (M. D. or other) M.D.

Address Newtown Date signed May 14, 1942

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10.
District File Number 4-10-281
Date Filed APR 15 1942

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 T. Howard Judd

Licensed Embalmer No. 3248

P. O. Address [redacted]

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.

. S. No. 2B
0M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12237

Registration District No. 651 Primary Registration District No. 6116 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Sullivan
(b) City or town Rural
(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)

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 John W. 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 D
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 15 (Day) 1855 (Year)

8. AGE: Years 88 Months 1 Days 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) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 3 Day year 1943 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

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

Major findings:
Of operations 131 L
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 G A Dale (M. D. or other)
Address Kirkwood Mo Date signed 3/5/43

SUPPLEMENTARY

S-12237 1942