

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4184

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Hospital No. 20
(If not in hospital or institution, write street number or location)
9-16-42-11-4-42
(d) Length of stay: In hospital or institution 31 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1215 Woodland
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM BALDWIN
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Male 5. Color or Race Negro 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 13 years
7. Birth date of deceased July 13 1893
(Month) (Day) (Year)

8. AGE: Years 49 Months 3 Days 26 If less than one day hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

12. Name Henry F. Baldwin

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

14. Maiden name Sarah Terman

15. Birthplace Meriton, Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof Nov. 12 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Bell Lawn

18. (a) Signature of funeral director [Signature]

(b) Address 1212 Vine St. N. C. 110

19. (a) 11-10-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 4
year 1942 hour 10 minute 55 a.m.

21. I hereby certify that I attended the deceased from September 16 1942 to November 4 1942
that I last saw h. im alive on November 4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration

Due to Hydronephrosis

Due to Urethral Stricture

Other conditions 136a
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Same as above

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) (c) Means of injury

23. Signature [Signature] (M. D. or other)
Address Gen. Hosp. 12-600 E. 22 Date signed 11-9-42

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

R

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.....

E. Sterling Bell

Licensed Embalmer No.....

P. O. Address.....

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.