

FILED DEC 12 1942

Registration District No. _____

Primary Registration District No. 3040

Registrar's No. 785

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
722 1/2 Washington Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Unknown
years, months or days

3. (a) PRINT FULL NAME Eliga William Baldwin

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased June 16 1857
(Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Half Rock Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad

MOTHER FATHER

11. Industry or business _____
12. Name John Baldwin
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs O. P. Van Buskirk
(b) Address Chillicothe, Missouri

17. (a) Burial-Spickard (b) Date of 11-21-'42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coon Cemetery

18. (a) Signature of funeral director F. B. Norman Co.

(b) Address Chillicothe, Missouri.

19. (a) Nov 19-1942 (b) Lou Elba Curry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. 722 1/2 Washington Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19th
year 1942 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from Nov 12 1942 to Nov 19 1942
that I last saw him alive on Nov 18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 7 days

Due to _____

Due to _____

Other conditions 94 a
(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 [Signature] (or other) _____
Address Chillicothe, Mo. Date signed 11/19/42

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

59
1
2

59

2

0

Duration

7 days

94 a

9

9

0

400

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.....
E. R. Norman....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

E R Norman

Licensed Embalmer No.....2374.....

P. O. Address.....Chillicothe, Missouri......

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.