

FILED MAR 5 1943

State File No.

Registrar's No.

Registration District No. 149

Primary Registration District No. 1062

895

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: 411 S. Kensington /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 30 Years (years, months or days)

8. (a) PRINT FULL NAME William John Baldock

3. (b) If veteran, name war No 8. (c) Social Security No. None

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

6. (b) Name of husband or wife Nelly G. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 20, 1863  
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Gardener

11. Industry or business R. A. Long

12. Name Jason Baldock

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

14. Maiden name Emily Edwards

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

16. (a) Informant Louise Pritchett

(b) Address 411 S. Kensington

17. (a) Burial (b) Date thereof Feb. 22, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address Kansas City, Mo.

19. (a) 2/22/43 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

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. 411 S. Kensington  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 30 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Feb. day 20  
year 1943 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb 2  
1943, to Feb 20 1943  
that I last saw him alive on Feb 18 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death, Heart Duration 18 days

Due to Chronic Nephritis 2 years

Due to Hypertrophy of Prostate 3 years

Other conditions 131 B  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy none made

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? \_\_\_\_\_

23. While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Ch. Rose (M. D. number) 4168  
Address 103 W. Edwards Date signed 2-22-43

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

MOTHER FATHER

**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 H. D. Blackman

Licensed Embalmer No. 3639

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, above space should be left blank.**