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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21212**
Registrar's No. **78**

FILED JUL 2 1943
Registration District No. **73**

Primary Registration District No. **5342**

1. PLACE OF DEATH:

(a) County **Wade**
(b) City or town **Greenfield Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Washington Army**
(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)

3. (a) PRINT FULL NAME

John Thomas Baldwin
(b) If veteran, name war. (c) Social Security No.

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Bertie Baldwin** 6. (c) Age of husband or wife if alive **1** years
7. Birth date of deceased **July 10 1869**
(Month) (Day) (Year)

8. AGE: Years **73** Months **9** Days **24** If less than one day hr. min.

9. Birthplace **Wade Co** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER { 12. Name **Cale Baldwin**
13. Birthplace **Wade Co** (City, town, or county) (State or foreign country)
14. Maiden name **Lutie Baldwin**
15. Birthplace **Wade Co** (City, town, or county) (State or foreign country)

16. (a) Informant **Frank Baldwin**
(b) Address **Greenfield Mo**
17. (a) **Pennsboro** (b) Date thereof **May 6 43**
(Burial, cremation or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Pennsboro Mo**

18. (a) Signature of funeral director **W. O. Cowan**
(b) Address **Greenfield Mo**
19. (a) **May 6 43** (b) **Phyllis Lack**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Wade** 29
(c) City or town **Greenfield Rural** 3
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** day **4**
year **1943** hour **5** minute **p** M.

21. I hereby certify that I attended the deceased from **5-2** 1943 to **5-4** 1943
that I last saw him alive on **5-4** 1943
and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy** Duration

Due to **8301**

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 **W. O. Cowan** (M. D. or other)
Address **Greenfield Mo** Date signed **5-5-43**

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 643-791

Date Filed JUN 29 1943

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed

R. L. Hainschild

Licensed Embalmer No. 3234

P. O. Address Lockwood 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.