

No. 2
7-2-43
FILED
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

SEP 11 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 966

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Hours
(Specify whether years, months or days)

In this community 30 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1019 Randolph Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Allison Baldwin

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Margaret Baldwin

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased: December 22 1887
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>55</u>	<u>7</u>	<u>23</u>	_____ hr. _____ min.

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

10. Usual occupation Paint & Carpenter Contractor

11. Industry or business John H. Baldwin

12. Name _____

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

14. Maiden name Sierra N. Anderson

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

16. (a) Informant Margaret Baldwin

(b) Address 1019 Randolph St., St. Joseph, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 8/17/1943
(Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meserhopper

(b) Address 15th. & Faraon St., St. Joseph, Mo.

19. (a) 8/17/43
(Date received local registrar)

(b) Rose Steyer
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15th.
year 1943 hour 9:50 minute A. M.

21. I hereby certify that I attended the deceased from Aug 14 to Aug 15 1943
that I last saw him alive on Aug 14 and that death occurred on the date and hour stated above.

Immediate cause of death Prakenbach's disease
Prakenbach's disease
Due to fall from lamppost ladder

Due to _____

Other conditions 1860
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 39

Duration 21 hrs

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) Accident 131

(b) Date of occurrence Aug 14, 1943

(c) Where did injury occur? St. Joseph Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
1019 Randolph St. Residence
(Specify type of place)

While at work? Yes Means of injury fall from ladder

23. Signature Perce Beckwith (M.D. or other)
Address 1019 Randolph St., St. Joseph, Mo. Date signed 8/17/43

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

1253

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.....

Albert R. Harrington

Licensed Embalmer No. **3258 Missouri**

P. O. Address **St. Joseph, 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.