

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35253

NOV 6 1943
Registration District No. 210

Primary Registration District No. 4322

State File No. _____
Registrar's No. 155

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Princeton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME

Lillie Baldwin

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Charley Baldwin 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Aug 23 1873
(Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 1 If less than one day
hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Bob Melser

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

14. Maiden name Agnes Jones

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

16. (a) Informant Charley Baldwin

(b) Address Princeton Mo

17. (a) Burial (b) Date thereof Sept 27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Princeton Mo

18. (a) Signature of funeral director Wale Moss

(b) Address Princeton Mo

19. (a) 10-1-43 (b) Jessie Almy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer
(c) City or town Princeton 065
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 25th
year 1943 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 1st 1943 to Sept. 25 1943
that I last saw her alive on Sept. 25 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis and myocardial degeneration (not of rheumatic origin) Duration 2 years

Due to probable malignancy of liver

Other conditions Palpable liver - Generalized edema
(Include pregnancy within 3 months of death)

Major findings: 46 f

Of operations _____

Of autopsy _____

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Alfred E. Taff (M. D. or other) D.O.

Address Princeton Mo Date signed 9-25-43

1117 (Licensed Embalmer's Statement on Reverse Side)

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 Me

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

Signed.....

Licensed Embalmer No. 2634

P. O. Address Uniontown Pa

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.