

FILED FEB 3, 1944

Registration District No. _____

Primary Registration District No. 1002

State File No. _____

Registrar's No. 272

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:
2843 Troost 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs.
(Specify whether
In this community 5 yrs
years, months or days)

3. (a) PRINT FULL NAME

Dora J. Baldwin

3. (b) If veteran, name war us

3. (c) Social Security No. us

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife

Chas E. Baldwin

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

7. Birth date of deceased

aug 19 1857
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>4</u>	<u>28</u>	hr. min.

9. Birthplace

Much 1
(City, town, or county) (State or foreign country)

10. Usual occupation

at home

11. Industry or business

MOTHER FATHER
12. Name W. J. Warren
13. Birthplace ny. 1
(City, town, or county) (State or foreign country)
14. Maiden name Susan Marks
15. Birthplace conn
(City, town, or county) (State or foreign country)

16. (a) Informant

Dr Frank Baldwin

(b) Address

2904 Pared.

17. (a) burial

(b) Date thereof Jan 19 1944
(Month) (Day) (Year)

(c) Place: burial or cremation

not known

18. (a) Signature of funeral director

W. C. R. Foster

(b) Address

914 Broadway

19. (a) Jan 18, 1944

(b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town 2843 Troost
(If outside city or town limits, write "RURAL")
(d) Street No. Kansas City, mo
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17
year 1944 hour 10 minute 9 M.

21. I hereby certify that I attended the deceased from 6-10
1944 to 1-17 1944
that I last saw him sq alive on 1-17-44 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Senility

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence none
(c) Where did injury occur? none
(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 E. P. Monahan (M. D. or other)
Address 211 Ave 4 Le. 15.6 mo Date signed 1/17/44

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.....

Ralph W. Ruinels

Licensed Embalmer No.

3860

P. O. Address.....

Kansas City 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.

Dr. E. J. Macomber
Angela B. King
11-30-51
31
11-30-51