

FILED FEB 3 1944

Registration District No. 229 87 Primary Registration District No. 9324

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

1. PLACE OF DEATH:

(a) County Crawford

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

(c) Name of hospital or institution: 1 Beane Inn  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford

(c) City or town Bourbon "RURAL"  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME LUCILLE MARIE BALDWIN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 496-18-7282

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

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

7. Birth date of deceased: Oct. 29 - 1921  
(Month) (Day) (Year)

8. AGE: Years 22 Months 1 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Factory

11. Industry or business \_\_\_\_\_

12. Name William Baldwin

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

14. Maiden name Leona Dennis

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

16. (a) Informant Leona Baldwin

(b) Address Bourbon Mo

17. (a) Burial (b) Date thereof 12-14-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Rock, Mo.

18. (a) Signature of funeral director Albert Edouy

(b) Address Bourbon Mo.

19. (a) 12-14-43 (b) W. Adams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 12 year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Diabetes  
(include pregnancy within 3 months of death)

Major findings: 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ Means of injury \_\_\_\_\_  
23. Signature W. P. Royce (M. D. or other) \_\_\_\_\_  
Address Sullivan Mo Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

202

RECEIVED

District Health Officer No. 5,

District File Number 24473

Date Filed 2-2-44

**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 Albert E. Long

Licensed Embalmer No. 3504

P. O. Address Bourbon, 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.