S. No. 2
M—2-43
7. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6096

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 686

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: 1217 East 10th Street, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution x (Specify whether
In this community x unknown, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48
(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL") 6
(d) Street No. 1217 East 10th Street,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country x

3. (a) PRINT FULL NAME Mrs. Anna Baldwin Hall
3. (b) If veteran, name war no.
3. (c) Social Security No. no.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, 2 divorced Widowed.
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive x years
7. Birth date of deceased September (Month) 13 (Day) 1858 (Year)

8. AGE: Years 85 Months 4 Days 27 If less than one day hr. min.

9. Birthplace Kentucky (City, town, or county) / (State or foreign country)
10. Usual occupation at home,
11. Industry or business x

FATHER
12. Name John R. Baldwin,
13. Birthplace Virginia / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Augusta Fels
15. Birthplace Kentucky / (City, town, or county) (State or foreign country)

16. (a) Informant Mary A. Natron,
(b) Address 1217 East 10th, Kansas City, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-10-44 (Month) (Day) (Year)
(c) Place: burial or cremation Fort Scott, Kansas
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, Kansas City, Mo.
19. (a) 2-11-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10th year 1944 hour 9:00 minute P. M.
21. I hereby certify that I attended the deceased from Feb 6 Feb 1944, to Feb 10 1944 that I last saw her alive on Feb 10 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	
Due to arterio-sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 8 3a	
Of autopsy No 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature [signature] (M. D. or other) M.D.
Address 618 Prof Bldg Date signed Feb 11 44

(Licensed Embalmer's Statement on Reverse Side)

Dr. Herbert Mentz
Crypt Bldg. C.M.

JUL 11 1957

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 John H. Hurley

Licensed Embalmer No. 4050

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.