

**FILED MAR 16 1944**  
Registration District No. **017**

Primary Registration District No. **5343**

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

1. PLACE OF DEATH:

(a) County Dade

(b) City or town Rural-North Township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: XXX /  
(If not in hospital or institution, write street number or location)

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

In this community XXX

2. USUAL RESIDENCE OF DECEASED:

(a) State MU. (b) County Cedar

(c) City or town Rural-North Township  
(If outside city or town limits, write "RURAL")

(d) Street No. XX (If rural, give location)

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

3. (a) PRINT FULL NAME HUGH G. BALDWIN

3. (b) If veteran, name war XXX

3. (c) Social Security No. XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16  
year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

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

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife XXX

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

7. Birth date of deceased Feb. 24, 1896  
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis

Duration \_\_\_\_\_

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

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

8. AGE: Years Months Days If less than one day

48 11 22 hr. \_\_\_\_\_ min.

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

10. Usual occupation \_\_\_\_\_

11. Industry or business XXXXXX

12. Name John C. Baldwin

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

14. Maiden name Sarah C. O'Connor

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

16. (a) Informant Marshall Cornwell

(b) Address Stockton, Missouri

17. (a) Burial (b) Date thereof 2-21-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gum Springs Cemetary Church and Neale

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address Stockton, Missouri

19. (a) 3-1-44 (b) Wyll Kirby  
(Date received local registrar) (Registrar's signature)

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)  
(c) Means of injury \_\_\_\_\_

23. Signature Dr. J. J. Greenfield (M. D. or other)  
Address \_\_\_\_\_ Date signed 3-25-44

1343

RECEIVED

District Health Officer No. 6,

District File Number 344-293

Date Filed MAR 13 1944

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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

*Melvin Quencher*

Licensed Embalmer No.

3272

P. O. Address

*Stockton 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.