

S. No. 2  
DM-2-43  
v. 5-17-39  
P-1 X35697

37575

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 7 1944

Registration District No. 94

Primary Registration District No. 5345

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County DADE  
(b) City or town SAC TOWNSHIP  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
12 MI. NORTH OF GREENFIELD  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No (Specify whether  
In this community LIFETIME (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CEDAR 20  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. S.E. OF STOCKTON  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country No

3. (a) PRINT FULL NAME JAMES HENRY BALDWIN

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased DECEMBER 29 1874  
(Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 21 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace CEDAR Co. Mo. 11  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business AGRICULTURE

MOTHER FATHER

12. Name J.W. BALDWIN 1

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

14. Maiden name NANCY REEVES

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

16. (a) Informant Vic Ballwin  
(b) Address Crap Mo.

17. (a) BURIAL (b) Date thereof 10-22-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sam & Senesney Jr

18. (a) Signature of funeral director Greenfield, Mo.  
(b) Address Greenfield, Mo.

19. (a) 10-28-44 (b) Ryle, Mo.  
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 20  
year 1944 hour 10:45 minute P.M.

21. I hereby certify that I attended the deceased from 10-9-44 to 10-20-44  
that I last saw him alive on 10-20-44  
and that death occurred on the date and hour stated above.

Immediate cause of death Obstructed kidney

Due to 1230

Due to \_\_\_\_\_  
Other conditions Cardiac  
(Includes 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)  
(e) Means of injury 0

23. Signature Wm B. Rittler (M.D. or other) \_\_\_\_\_  
Address Stockton Mo. Date signed 10-23-44

Duration wh  
PHYSICIAN wh  
Underline the cause to which death should be charged statistically.

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

29  
0  
0

1543

RECEIVED

District Health Officer No. 6

District File Number 1244-1277

Date Filed DEC 4 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 Sam E. Senseney Jr

Licensed Embalmer No. 4099

P. O. Address Greenfield, 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.