

Registration District No. **167**

Primary Registration District No. **4256**

Registrar's No. **15**

1. PLACE OF DEATH:

(a) County **Johnson**  
(b) City or town **Holden**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**300 Lexington St., Holden, Mo. 0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **none**  
(Specify whether years, months or days) **50 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson 57**  
(c) City or town **Holden**  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No. **800 Lexington St.,**  
(If rural, give location) **0**  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **XXXX**

3. (a) PRINT FULL NAME **CHARLES M. BALDWIN, SR.**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Katherine M. Baldwin** 6. (c) Age of husband or wife if alive **62** years  
7. Birth date of deceased **December 20, 1866**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>78</b>	<b>3</b>	<b>3</b>	hr. min.

9. Birthplace **Burlington, Kansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Merchant**

11. Industry or business **same**

12. Name **Daniel C. Baldwin**  
13. Birthplace **Darke County, Ohio**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Nancy Matheny**  
15. Birthplace **Pennsylvania**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Chas. M. Baldwin, Jr.,**  
(b) Address **Kansas City, Missouri.**

17. (a) **Burial** (b) Date thereof **March 25/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Holden, Missouri**

18. (a) Signature of funeral director **Canaday & Ropp**

(b) Address **Holden, Missouri.**

19. (a) **3-24-45** (b) **Kathryn S. Canaday**  
(Data received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month **March** day **23**  
year **1945** hour **4:30** minute **P** M.

21. I hereby certify that I attended the deceased from **June 25, 1942**  
**Aug. 25** 1942, to **March 23** 1945;  
that I last saw him alive on **March 15,** 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Congestive Heart Failure**  
Due to **Mitral Insufficiency - Fibrosis**  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy **928**

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 \_\_\_\_\_

23. Signature **Edward Andrews** (M. D. of State)  
Address **Holden, Mo.** Date signed **3/24/45**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

**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: M. J. Canaday  
Licensed Embalmer No. 3439  
P. O. Address Holden, Miss

**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.