

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUL 12 1945

Registration District No. 94

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5343

State File No. 20223

Registrar's No.

1. PLACE OF DEATH:

(a) County Dade
(b) City or town North Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXXXXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXXXX
In this community XXXXXX (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sarah Cordelia Baldwin

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John C. Baldwin 6. (c) Age of husband or wife if alive XXX years
7. Birth date of deceased Feb. 11, 1862
(Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 11 If less than one day XXXXXX min.

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

10. Usual occupation Housewife

11. Industry or business XXXXXX

12. Name John O'Connor

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

14. Maiden name Manerva Long

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

16. (a) Informant Boy C. Baldwin
(b) Address Greenfield, Missouri

17. (a) Burial (b) Date thereof 5-24-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gum Springs

18. (a) Signature of funeral director CHURCH AND NEALE

(b) Address STOCKTON, MISSOURI

19. (a) 6-1-45 (b) Myself
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DADE
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1945 hour 12 minute 35 P. M.

21. I hereby certify that I attended the deceased from 4-26- to 5-14- 1945
that I last saw him alive on 5-14- 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia
Due to Senility
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 107

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

23. Signature Wm B. Richter (M. D. or other)
Address Stockton, Mo Date signed 5-27-45

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

1343

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6;
District File Number 745-741
Date Filed JUL 9 1945

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 Church*

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.