

S. No. 2  
M-5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20319

FILED JUL 13 1945

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

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 487

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town SPRINGFIELD

(c) Name of hospital or institution: 332 W. CHESTNUT  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community ENTIRE LIFE  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GREENE

(c) City or town SPRINGFIELD  
(If outside city or town limits, write "RURAL")

(d) Street No. 332 W. CHESTNUT  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LUCINDA JANE BALDWIN

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 18  
year 1945 hour 8 minute 05 A.M.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife JOHN B. BALDWIN

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased APRIL 13, 1873  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-17-45 to 6-18-45  
that I last saw her alive on 6-18-45  
and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 2 Days 5  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Copious thrombosis  
hypertension  
arteriosclerosis

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

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

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

9. Birthplace UNK. KENTUCKY  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

12. Name UNK. REDDIL

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

14. Maiden name UNKNOWN

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

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

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant JOHN A. BALDWIN

(b) Address 1215 N. MARION, Spfld., Mo.

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof June 20, 1945  
(Month) (Day) (Year)

(c) Place: burial or cremation GREENLAWN CEMETERY

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? \_\_\_\_\_

18. (a) Signature of funeral director Ered C. Thaine

(b) Address 1100 Bonville Ave., Spfld., Mo.

19. (a) 6-20-45 (Date received local registrar)

(b) D. W. E. Handley (Registrar's signature)

While at work? \_\_\_\_\_

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

23. Signature Thaine (M. D. or other)

Address 450 1/2 E. Central St., Spfld., Mo. Date signed 6/20/45

DR. HENRY KNABB  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 Fred C. Phieive

Licensed Embalmer No. 2899

P. O. Address Springfield, 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.**