V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24348

FILED AUG 10 1945

Registration District No. 17 Primary Registration District No. 3035 Registrar's No. 36

54 3 2

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Lexington (If outside city or town limits, write "RURAL" and name of township)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54

(c) City or town Lexington (If outside city or town limits, write "RURAL") 3

(d) Street No. 22 Washington St. (If rural, give location) 2

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME William Baldwin

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male | 5. Color or race White | 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Callie R. Baldwin

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

7. Birth date of deceased May (Month) 1 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
71	2	21	hr. min.

9. Birthplace Holt (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Retired Engineer

11. Industry or business

MOTHER FATHER

12. Name Martin Baldwin

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

14. Maiden name Amanda Gaines

15. Birthplace Ray Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Jewell Baldwin

(b) Address Lexington Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July.24.1945 (Month) (Day) (Year)

(c) Place: burial or cremation: Lexington Mo.

18. (a) Signature of funeral director [illegible]

(b) Address Richmond. Mo.

19. (a) July 23-45 (Date received local registrar) (b) Mrs Fred Schwab. (Registrar's signature)

1158

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1945 hour 6 minute 25. P.M.

21. I hereby certify that I attended the deceased from July 16 19[illegible] to July 22 19[illegible]; that I last saw h[illegible] alive on July [illegible] 19[illegible]; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia Poisoning	3 days
Due to Chronic Nephritis	about 1 year
Due to	
Other conditions Diabetes Mel— (Include pregnancy within 3 months of death) Chronic Endocarditis	about 2 years

Major findings:
Of operations
Of autopsy 0

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature O. P. Ryland (M. D. or other)

Address Lexington Mo Date signed 7/24/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 8-9-41

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 ###, Registered Apprentice No. .....,
working under my personal supervision.

Signed E. [illegible]

Licensed Embalmer No. 2073

P. O. Address Richmond, 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.