

FILED OCT 15 1945
Registration District No. 120

Primary Registration District No. 4194

Registrar's No. 81

1. PLACE OF DEATH:
(a) County Gentry
(b) City or town Albany
(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)
In this community Lifetime
years, months or days

3. (a) PRINT FULL NAME Ezekiel Lewis 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 Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 15-1884
(Month) (Day) (Year)

8. AGE: Years 61 Months 8 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name John H. Baldwin

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

14. Maiden name Margaret Levenich

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

16. (a) Informant Mrs. Essie Jarry

(b) Address Albany Mo.

17. (a) Burial (b) Date thereof 9/22/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Brick

18. (a) Signature of funeral director John H. Baldwin

(b) Address Albany Mo.

19. (a) Sept 25-1945 (b) John H. Baldwin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gentry
(c) City or town Albany
(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 _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 21
year 1945 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept 20, 1945, to Sept 21, 1945
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cause of death of
Stomach
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations 466
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?

(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature J. B. Baldwin (M. D. or other)
Address Albany Mo. Date signed 9-25-45

RECEIVED
District Health Officer No. 11
District File Number
Date Filed

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

Licensed Embalmer No.

P. O. Address

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.