S. No. 2
OM—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8272

State File No. 23

Registration District No. 360 Primary Registration District No. 3076 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: 630 E. Austin 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 20 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon 108

(c) City or town Nevada 1
(If outside city or town limits, write "RURAL")

(d) Street No. 630 E. Austin 2
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Roy W. Baldwin

3. (b) If veteran, name war No

3. (c) Social Security No. 491-05-9122

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Ratchel Baldwin

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Oct. 19, 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	3	10	hr. min.

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

10. Usual occupation Section Laborer

11. Industry or business M.O.P. Railway

FATHER
12. Name William Baldwin
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Vercell 1
15. Birthplace unknown 0
(City, town, or county) (State or foreign country)

16. (a) Informant Ratchel Baldwin 1
(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof 2-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Marsh Eichinger
(b) Address Nevada, Mo.

19. (a) 2-12-46 (b) Kathryn Yancey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 29
year 46 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1 19 43 to 1-29 19 46
that I last saw him alive on 1-15 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis & regurgitation (rheumatic)

Due to Death sudden, due probably to cardiac asystole or

Due to ventricular fibrillation

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

95a

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 R. Brian Davis (M. D. ~~or other~~)
Address Nevada, Mo. Date signed 2-1-46

337

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

[illegible] Officer No. 7,

[illegible] 2-46-195

Date Filed 3-8-46

MAR 27 1946

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 Marsh Eichinger

Licensed Embalmer No. 2665

P. O. Address Nevada, 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.