

FILED MAR 18 1946

Registration District No. 291

Primary Registration District No. 5991

State File No.

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town Rural, Liberty Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Livonia, Mo. R. F. D.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 55 Yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Lieutita Ellen Baldwin

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

4. Sex F/ 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Peter Baldwin 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Oct. 1 1871
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 21 If less than one day hr. min.

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

10. Usual occupation Homework

11. Industry or business

12. Name James W. Crawford

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

14. Maiden name Hannah Jane Fellers

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

16. (a) Informant Beulah Montgomery

(b) Address Livonia Mo.

17. (a) Burial (b) Date thereof Jan. 24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John Cemetery

18. (a) Signature of funeral director J. H. Husted & Son

(b) Address Unionville, Mo.

19. (a) 1-31-46 (b) Marshall Durbin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Livonia, Mo. R. F. D.
(If rural, give location)
(e) Citizen of foreign country No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22
year 1946 hour 4 minute 10 AM

21. I hereby certify that I attended the deceased from Jan. 1945 to Jan. 1946
that I last saw her alive on Jan. 21 - 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left Lung
Due to secondary to malignancy of breast in 1948
Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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) (c) Means of injury

23. Signature P. Hart (M. D. or not)
Address Capitanville Mo Date signed 12-23

RECEIVED
District Health Officer No. 10
District File Number 3-46-437
Date Filed MAR 12 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.....

L. O. Hunted & Son

Licensed Embalmer No. 2975

P. O. Address Unionville, 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.