

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 10 1946**  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15643**

Registration District No. **13**

Primary Registration District No. **3003**

Registrar's No. **42**

**1. PLACE OF DEATH:**

(a) County **Barnes**  
(b) City or town **Monett**  
(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 **—**  
In this community **40 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Charles Clyde Baldridge**

3. (b) If veteran, name war **no**  
3. (c) Social Security No. **500-014493**

4. Sex **m-f** 5. Color or race **w.**  
6. (b) Name of husband or wife **—** 6. (c) Age of husband or wife if alive **—** years

7. Birth date of deceased **Sept. 5-1898**  
(Month) (Day) (Year)

8. AGE: Years **47** Months **8** Days **22** If less than one day hr. min.

9. Birthplace **Stone Co. Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Mechanic**

11. Industry or business

MOTHER FATHER { 12. Name **George Baldridge**  
13. Birthplace **Ill.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Anna King**  
15. Birthplace **Ark.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. S. W. Hunter**  
(b) Address **Monett, Mo.**

17. (a) **Burial** (b) Date thereof **May 30 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **L. O. C. Cemetery**

18. (a) Signature of funeral director **L. H. Blansumship**

(b) Address **Monett Mo.**

19. (a) **5-30-K6** (b) **W. M. West**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Barnes**  
(c) City or town **Monett** (If outside city or town limits, write "RURAL")  
(d) Street No. **Broadway** (If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **May** day **27** year **1946** hour **12** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **May 26** to **May 27**, 1946  
that I last saw him alive on **May 26**, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death **exhaustion of full body** Duration **—**  
**a prolonged drifting**  
Due to **over**  
Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy **none** **1954**  
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

23. Signature **W. M. West** (M. D. or other)  
Address **Monett Mo.** Date signed **5 29 46**

10000  
District File Number 646-640  
Date Filed JUN 7 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. H. Blankenship

Licensed Embalmer No. 2397-

P. O. Address Monett, 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.**