

No. 2
5-43
5-17-39
I X36671

FILED JUL 3 1946
Registration District No. 20

Primary Registration District No. 5468

State File No. _____

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Rural Taylor
(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 _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Greene
(b) City or town Rogersville, Rural
(c) Street No. _____ (If rural, give location)
(d) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harvey V. Baldridge
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1946 hour 6:15 minute A.M.
21. I hereby certify that I attended the deceased from 2-3-1946 to 5-5-1946
that I last saw him alive on 5-2-1946 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Francis 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 19 1965
(Month) (Day) (Year)

Immediate cause of death Arterio Sclerosis
Due to _____
Due to _____

8. AGE: Years Months Days If less than one day
81 2 16 hr. min.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Tennessee (City, town, or county) (State or foreign country)
10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business _____
12. Name William Baldridge
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
14. Maiden name Lucy Knuchler
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs. Francis Baldridge
(b) Address Rogersville Mo.
17. (a) Burial (b) Date thereof May 7-46 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cem.
18. (a) Signature of general director Talley - Russell
(b) Address Rogersville Mo. Busman
19. (a) May-11-1946 (b) Harry C. Grier (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature W. Kelly (M. D. or other)
Address Springfield Mo Date signed 5-9-46

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

PHYSICIAN
Underline the cause to which death should be charged statistically.

H. Kelley

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 *H. H. Kelley*
Licensed Embalmer No. *3334*
P. O. Address *Seymour 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. June
Registrar's No. 17

Registration District No. 130 Primary Registration District No. 5468

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Rural Taylor
(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)

3. (a) PRINT FULL NAME Harvey V. Baldrige
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased Feb 19
(Month) (Day) (Year)

8. AGE: Years 81 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name William Baldrige

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

14. Maiden name Lucy Kuehler

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

16. (a) Informant Mrs. Frances Baldrige

(b) Address Rogersville Mo. R.F.D.

17. (a) Rural (b) Date thereof May-7-46
(Burial, exhumation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Kelley Terrell Benjamin
(b) Address Rogersville Mo

19. (a) May-11-46 (b) Harry E. Grier
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Greene
(c) City or town Rogersville
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(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 7 Year 1946 hour _____ minute 0 M. _____
21. I hereby certify that I attended the deceased from 2-2-46 to 5-5-46, 1946
that I last saw him alive on 5-2, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Inter-Atherosclerosis
Due to _____

Due to _____

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) (e) Means of injury _____

23. Signature J. W. Kelley (M. D. or other) _____
Address Springfield Mo Date signed 5-9-46

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

SUPPLEMENTARY

MOTHER FATHER

16368