

No. 2
-8-13
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23401**

FILED JUL 29 1946
Registration District No. 133

Primary Registration District No. 4206

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town New Hampton White Oak Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Home in New Hampton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community 30 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison

(c) City or town New Hampton City
(If outside city or town limits, write "RURAL")

(d) Street No. Market Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME CLIFTON BALDWIN

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1946 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 1946
to June 12 1946

that I last saw h. 19 alive on June 11 1946
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Anna Baldwin 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Aug 24 1897
(Month) (Day) (Year)

Immediate cause of death

Due to Chronic Myocarditis

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations A 3d

Of autopsy

8. AGE: Years 58 Months 10 Days 19 If less than one day hr. min.

9. Birthplace Harrison County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Stock Dealer

11. Industry or business

12. Name Ellis Baldwin

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

14. Maiden name Nancy Ellen Boster

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Anna Baldwin

(b) Address New Hampton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Loftis Cemetery

18. (a) Signature of funeral director W. H. Mohr

(b) Address New Hampton Mo

19. (a) July 6 46 (Date received local registrar) (b) Zola Burris (Registrar's signature)

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? Means of injury

23. Signature Dr. P. L. Green (M. D. or other) 2 D.O.

Address New Hampton Mo Date signed 6/17/46

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

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 ML

....., Registered Apprentice No.
working under my personal supervision.

Signed W G Noble

Licensed Embalmer No 2904

P. O. Address New Hampton 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.