

U. S. No. 2  
OM-5-42  
Rev. 5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26812

State File No.

Registrar's No.

678

FILED AUG 28 1946

Registration District No.

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: St. John's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 32 hours  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HICKORY 43

(c) City or town WINERY 0  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 1

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Christena Fern Baldwin

3. (b) If veteran, name war No

3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15 year 1946 hour 7:00 minute 19 M.

21. I hereby certify that I attended the deceased from Aug 13 1946 to Aug 15 1946 that I last saw her alive on Aug 14 1946 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Allen Baldwin 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Oct 5 1903  
(Month) (Day) (Year)

Immediate cause of death Pulmonary Embolism Duration 7 hr

Due to Nitral Stenosis (Rheumatic Heart Dis.) 4 yrs  
1 1/2 yrs.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years 42 Months 10 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Benton County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations: 92K

Of autopsy: \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name William Nolley

13. Birthplace Benton Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Etha Marie

15. Birthplace Benton Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Allen Baldwin

(b) Address Linn Co. Mo.

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

(c) Place: burial or cremation Mt. Zion Cemetery

18. (a) Signature of funeral director Walter Baldwin

(b) Address Whitland, Mo.

19. (a) 8-16-46 (b) W. H. Handley  
(Date received local registrar) (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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 0

23. Signature W. P. Handley (M. D. or other) \_\_\_\_\_

Address Springfield, Mo. Date signed 8/15/46

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

25653

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**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.....

*William C Mendenhall*....., Registered Apprentice No. *396*  
working under my personal supervision.

Signed *Chas Gilbert Hathaway*.....

Licensed Embalmer No. *4267*.....

P. O. Address *Westland, 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.**