

FILED FEB 5 1947

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 100

1. PLACE OF DEATH:

(a) County Buehanna
(b) City or town Joseph
(c) Name of hospital or institution Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day 20 hr 20 min
In this community 1 day 20 hr 20 min
years, months or days 14 Hospital

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bentley 28
(c) City or town Albany, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.R.#3
(If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Louise Baldwin

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

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

7. Birth date of deceased January 24 1947
(Month) (Day) (Year)

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

9. Birthplace Daini Joseph Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business _____

12. Name Glean Wagne Baldwin

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

14. Maiden name Kathryn Rose McLeod

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

16. (a) Informant Mrs. Kathryn Baldwin

(b) Address Albany, Mo.

17. (a) Burial (b) Date thereof 1-27-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nest Cemetery

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

(b) Address 11 Albany Mo.

19. (a) 1-27-47 (b) W. H. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26th
year 1947 hour 12:00 minute A.M.

21. I hereby certify that I attended the deceased from 1-26-47
_____ 19____, to 1-26-47 19____;
that I last saw her alive on 1-26-47 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia - 70 months
Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 159
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 W. H. Jenkins (M.D. or other) _____

Address Albany Mo. Date signed 1-26-47

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 me

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

Signed Charles Brooks

..... Licensed Embalmer No. 3329

..... P. O. Address Albany 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.