

S. No. 2
M-5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17072**

FILED JUN 14 1947

Registration District No. **220**

Primary Registration District No. **4194**

Registrar's No. **50**

1. PLACE OF DEATH:

(a) County **Gentry County**
(b) City or town **Albany**
(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
In this community **Lifetime**
years, months or days)

3. (a) PRINT
FULL NAME **William Martin Baldock**

3. (b) If veteran, name war. 3. (c) Social Security No. **500-07-3727**

4. Sex **Male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Josephine Stark**
6. (c) Age of husband or wife if alive **53** years
7. Birth date of deceased **November 4 1883**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 6 21 hr. min.

9. Birthplace **Albany Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Bricklayer & Farmer**

11. Industry or business

12. Name **Geo. Baldock**

13. Birthplace **Buchanan Co. Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Emma**

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

16. (a) Informant **Mrs. Wm. Baldock**

(b) Address **Albany, Mo.**

17. (a) **Burial** (b) Date thereof **May 28, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Grandview**

18. (a) Signature of funeral director **W. H. Barker**
(b) Address **Albany Mo**

19. **June 3-1947** (Date received local registrar) **Homer M. Webster** (Registrar's signature) **123**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Gentry**
(c) City or town **Albany**
(If outside city or town limits, write "RURAL")
(d) Street No. (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 **25**
year **1947** hour **6** minute **30** A. M.

21. I hereby certify that I attended the deceased from **May 25, 1947** to **May 25, 1947**
that I last saw him alive on **May 25, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **4 hrs.**

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

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?

While at work? (Specify type of place) (e) Means of injury **2**

23. Signature **E. I. Pray, D.D.** Address **Albany, Mo** Date signed **5-26-47**

(Licensed Embalmer's Statement on Reverse Side)

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

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.