

FILED JUL 9 1947

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 183

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution:
Grim-Smith Hospital & Clinic
(If not in hospital or institution, write street number or location)*

(d) Length of stay: In hospital or institution 8 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County KNOX

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Frank(Anna Eliza) Baldwin

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17th
year 1947 hour 6:06 P.M. minute _____ M.

4. Sex female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank Baldwin

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased November 12 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10 June, 1947 to 17 June, 1947; that I last saw her alive on 17 June, 1947 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>			hr. min.

Immediate cause of death cerebral thrombosis progressive Duration 1 day

Due to Cardiovascular Renal disease as yrs + moderate hypertension

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

Due to _____

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

10. Usual occupation Home keeper

Major findings: 131A

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name John Wesley Greenley

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

14. Maiden name Mary Elizabeth Anderson

15. Birthplace Knox County Missouri
(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 Charles W. Baldwin

(b) Address Chillicothe Mo.

17. (a) Burial (b) Date thereof 6-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NOVELTY Mo.

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature George E. Grim (M. D. or other) _____
Address Kirksville Mo Date signed 6-17-47

18. (a) Signature of funeral director Mrs J.W. Hudson

(b) Address Edina Mo.

19. (a) 7-3-47 (b) Wate Lambert
(Date received local registrar) (Registrar's signature)

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

MOTHER, FATHER

52
0
0
/

RECEIVED
District Health Officer No. 10
District File Number 7-47-820
Date Filed JUL - 7 - 1947

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 Mrs. J. W. Hudson
Licensed Embalmer No. 2972
P. O. Address Edina, 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.