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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1947

Registration District No. 291

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21924

Primary Registration District No. 4433

Registrar's No. 56

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

1. PLACE OF DEATH:

(a) County Putnam

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam

(c) City or town Unionville, Mo.
(If outside city or town limits, write "RURAL")

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

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

If yes, name country --

3. (a) PRINT FULL NAME Terry Lee Baldock

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife none

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

7. Birth date of deceased June (Month) 20 (Day) 1947 (Year)

8. AGE: Years ____ Months ____ Days ____ If less than one day 12 hr. ____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1947 hour 3 minute P M.

21. I hereby certify that I attended the deceased from June 20, 1947 to June 20, 1947
that I last saw him alive on June 20 1947
and that death occurred on the date and hour stated above.

Cause	Duration
Immediate cause of death: Prematurity	
Due to: Lt Immaturity	
Due to: Not known	
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.

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

10. Usual occupation none

11. Industry or business

MOTHER FATHER

12. Name Joedd Baldock

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

14. Maiden name Betty Louise Duley

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

16. (a) Informant Joedd Baldock

(b) Address Unionville, Mo.

17. (a) B (Burial, cremation, or removal) (b) Date thereof 6 - 21-47 (Month) (Day) (Year)

(c) Place: burial or cremation Unionville, Mo.

18. (a) Signature of funeral director Husted & Son

(b) Address Unionville, Mo.

19. (a) 7-2-47 (Date received local registrar) (b) Marcelle Durbin (Registrar's signature)

22. If death was due to external causes, fill in the following:

(c) 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? ____ (e) Means of injury ____

23. Signature C. W. McDonald (M. D. or other)

Address Unionville Mo Date signed 6-21-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-47-867
Date Filed JUL - 8 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 A O Husted

Licensed Embalmer No. 2975

P. O. Address Dinuba

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.