

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1948

Registration District No. 18

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3002

State File No.

11389

Registrar's No.

62

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Audrain Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 25 years (Specify whether years, months or days)

3. (a) PRINT Sallie W. Baldrige
FULL NAME

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John W. Baldrige 6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 15, 1859
(Month) (Day) (Year)

8. AGE: Years 88 Months 4 Days 18 If less than one day
hr. min.

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

10. Usual occupation None

11. Industry or business

12. Name Samuel W. Nevins Mo. 5
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Cramer
(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof April 30, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Tail E. Puckett
(b) Address Mexico, Mo.

19. (a) 4/30/48 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4
(c) City or town Mexico 1
(If outside city or town limits, write "RURAL")
(d) Street No. 918 W. Buchanan St. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1948 hour 3 PM minute 0 M.

21. I hereby certify that I attended the deceased from April 26
48 1948 to April 28 1948
that I last saw her alive on April 28 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis 1948
Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 930
Of autopsy
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 0

23. Signature Charles J. Harris (M. D. or other)
Address Mexico, Mo. Date signed 4/30/48

MAY 14 1948

RECEIVED
District Health Officer No.
District File Number 548817
Date Filed MAY - 6 1948

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.....

Clarence C. Robinson....., Registered Apprentice No. 56
working under my personal supervision.

Signed Paul E. Pritchard.....

Licensed Embalmer No. 3189.....

P.O. Address Mexico, 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.