FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

22465

State File No.......

FILED AUG 2 1948·9
Registration District No....39

Primary Registration District No. 5-224

Registrar's No. 134

1. PLACE OF DEATH:

(a) County... Cass

(b) City or town... Rural Grand River Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution... Harding Convalescent Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 5 weeks
In this community... 4
years, months or days
(Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo. (b) County... Jackson

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

(d) Street No. 22 E 70th St Terrace

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

If yes, name country...

3. (a) PRINT FULL NAME LIBBIE 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 Married

6. (b) Name of husband or wife... Wm A Baldwin

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased... Oct 13 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	9	16	...hr ...min

9. Birthplace... Cadiz Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation... Home-maker

11. Industry or business...

12. Name... Joseph Sherlock

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

14. Maiden name... Unknown

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

16. (a) Informant... Wm A Baldwin
(b) Address... 22 E 70th Terrace K.C.Mo

17. (a) Burial (b) Date thereof... 7-31-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Mt Moriah Cem K.C.Mo

18. (a) Signature of funeral director... E.E. FREEMAN & SON
(b) Address 104 W. 42 KANSAS CITY MO

19. July 29 1948 (b) Laura J. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1948 hour 18 minute 25 P M.

21. I hereby certify that I attended the deceased from
JUNE 14 1948 to JULY 29 1948
that I last saw her alive on 7-29 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia
Senile Psychosis

Due to... Arterial Hypertension

Due to... Senility

Duration

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

Major findings:
Of operations...

Of autopsy... no

PHYSICIAN
Underline the cause of 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?...
(Specify type of place)

While at work?... Means of injury...

23. Signature... David L Long (M.D. or other)
Address... Harrisonville Mo Date signed 7-29-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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..........*Ernest Nunnenburger*

Licensed Embalmer No. **3368**

P. O. Address *Harrisonville*

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..