

National Office of Vital Statistics

FILED AUG 12 1948

Registration District No. 18

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
 (b) City or town.....
 (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 years, months or days)

3. (a) PRINT
FULL NAME

3. (b) If veteran,
name war.....

3. (c) Social Security No.

4. Sex.....
 5. Color or race.....
 6. (a) Single, widowed, married,
divorced.....
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if
alive..... years
 7. Birth date of deceased.....
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 45 3 7 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

16. (a) Informant.....

(b) Address.....

17. (a) Removal.....

(b) Date thereof.....

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. AUG. 2 - 1948.....

(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

2. USUAL RESIDENCE OF DECEASED:

(a) State.....
 (b) County.....
 (c) City or town.....
 (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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... day.....
 year..... hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
 to.....
 that I last saw him/her alive on.....
 and that death occurred on the date and hour stated above.

Immediate cause of death.....

Duration.....

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings:.....

Of operations.....

Of autopsy.....

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?.....

(Specify means of injury)

23. Signature.....

Address.....

Date signed.....

(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 me

working under my personal supervision. Registered Apprentice No. _____

Signed

Ben H. Baldwin

Licensed Embalmer No.

2420

P. O. Address

E. H. Harris Dr.

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.