

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED NOV 30 1948

State File No. _____

Registration District No. 68

Primary Registration District No. 4119

Registrar's No. 38

1. PLACE OF DEATH
 (a) County Christian
 (b) City or town Osark, Mo.
 (c) Name of hospital or institution:
Christian Co. Farm "Old Folks Home"
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Three Months
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Christian
 (c) City or town Bellvue, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. No years.

3. (a) PRINT FULL NAME James Henry Baldwin
 3. (c) Social Security No. _____
 8. (b) If veteran, name war _____
 4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mary Baldwin
 6. (c) Age of husband or wife if alive 78 years
 7. Birth date of deceased 5 12 1869
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 19
 year 1948 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from Sept 16, 1948, to Sept 19, 1948
 that I last saw him alive on Sept 16, 1948
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
79 4 7 hr. _____ min.

Immediate cause of death Anoxia
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death)
 Major findings: Of operations ATI
 Of autopsy ATI
 Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

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

10. Usual occupation Farmer

11. Industry or business
 12. Name Washington Baldwin
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Nancy Goodwin
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Weta Pass
 (b) Address Aurora, Mo.
 17. (a) Burial (b) Date thereof 9-21-1948
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Aurora, Mo.

18. (a) Signature of funeral director John Dea Harris
 (b) Address Clever, Mo.
 19. (a) Nov. 6-1948 (b) Jessie M. Leonard
 (Date received local registrar) (Registrar's signature)

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)
 (a) Means of injury _____
 23. Signature J. H. Wade (M. D. number) _____
 Address Osark, Mo. Date signed 9-21-48

RECEIVED

District Health Officer No. 6;

District File Number 1148-1299

Date Filed 11-26-48

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..... *John Dean Harris*.....

Licensed Embalmer No. 4390

P. O. Address. *Cleves, 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, above space should be left blank.