

No. 300
-10-47
5-17-39
PI 3908

Filed NOV 16 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. **4324**

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
931 Locust Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community About 6 Mo.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL")

(d) Street No. 931 Locust Street **8**
(If rural, give location)

(e) Citizen of foreign country? ? (Yes or No) **d**
If yes, name country _____

3. (a) PRINT FULL NAME Calvin Baldwin

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16th
year 1948 hour 11:10AM minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Unknown (About 1903)
(Month) (Day) (Year)

Immediate cause of death _____

Natural Causes

Due to _____

Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>?</u>	<u>?</u>	hr. _____ min. _____

Other conditions _____
(Include pregnancy and its month of death)

Major findings _____

Of operations _____

Of autopsy History

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

10. Usual occupation Laborer

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Reputy Coroner

MOTHER FATHER

11. Industry or business _____

12. Name Unknown

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)

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? _____

16. (a) Informant Investigation

(b) Address Coroner's Office

17. (a) Anatomical (b) Date thereof 10-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation K.C. Col. Of Osteo.

A. E. Upsher (Specify type of place) _____
While at work? _____ (Means of injury)

Signature A. E. Upsher (M. D. or other) _____
Address 2811 Mun _____

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address 2332 Monitor Place, K.C. Mo.

19. (a) 10 25 48 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

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

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..... *Blaine E. Weidut*

Licensed Embalmer No. *4075*

P. O. Address..... *K.C. S. 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.