300	म <b>LED</b> SEP	6 1949	STANDARD CERT			State File	: No	26529
48	BIRTH NO	0 1343	_ REG. DIST. NO. /O.	PRIMARY REG. DI	. 2	2/8 Registrar	. /	\
3	1. PLACE OF DEA a. COUNTY	тн ent		2. USUAL RE	SIDENCE (* SSOUri	Vhere deceased lived. b. COUNTY	if institution	
/	b. CITY (If outside cor OR TOWN	porate limite, write R Salem	URAL and give c. LENGTH (STAY (in this place)	OF c. CITY (If outside OR TOWN	de corporate limita Salem	, write RURAL and gi	ve township)	33
a Company	d. FULL NAME OF (I HOSPITAL OR INSTITUTION	If not in hospital or in None	Salem, Mo	d. STREET ADDRESS	(If rural,	give location)		1
1	3. NAME OF DECEASED (Type or Print)	a. (First) Archi	b. (Middle)	c.(Last) Baldride	<b>3</b> 6	OF .	onth) (Da	y) (Year) 1949
FERMANENT	5, SEX 6.	COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (1956-48)	8. DATE OF BIRT		9, AGE (In years in test birthday) M	f UNDER I YEAR Iontha Days	в паред и наз. Ночите Міл.
	10a. USUAL OCCUPATIO done during most of workin Farmer		10b. KIND OF BUSINESS OR I	11. BIRTHPLACE	•	onera)	COL	TIZEN OF WHAT
1	13a. FATHER'S NAME ISAAC BA	ldridge	13b. MOTHER'S MAID	EN NAME	14. NA	E OF HUSBAND OF		
ANDI	15. WAS DECEASED EVER (Yee, no. or unknown) (If	R IN U.S. ARMED I	FORCES?   16. SOCIAL SECURIT		NT'S SIGN	ATURE OR NAMI	E	ADDRESS .
	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO		CERTIFICATION ـ معرو السالا			INT	ERVAL BETWEEN SET AND DEATH
	*This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis- ease, injury, or complica- tion which caused death.	the underlying cau	i, if any, giving DUE TO (b)	rterios	0			0518
	19a. DATE OF OPERA- TION	related to the disea	as or condition cousing death.  DINGS OF OPERATION	neur	cler	<i>u</i> 5	20.	AUTOPSY7
	21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or abo home, farm, factory, street, office bidg., st		, OR TOWNSHIP	P) (COUN		(STATE)
	21d. TIME (Mosth) OF INJURY	(Day) (Year) (	Mour) 21e. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	D 211. HOW DID IN.	JURY OCCURT		- •	
	22. I hereby certify that I attended the deceased from July 19, 1949, to Class 22, 1849, that I last saw the decease alive on \$-11, 1949, and that death occurred at 30 Am., from the causes and on the date stated above.							
E PLA	23a. SIGNATURE	Mn	Degree of title	23b. Appress	m M	20	· lei	DATE SIGNED
	24a. BURIAL, CREMA- TION, REMOVAL (Breakly) BURIAL	8/24/4	19   Cedar G	TOVE DEM	St		ssour	
Į	DATE REC'D BY LOCAL  LUAZA-49	REGISTRAR'S S	Lart M.U. ath	FENERAL DI	7.82	29311 m.	MISSO	
	///		(Licensed Embalmer	a Statement on Revers	e 31GE) //			

RECEIVED 8/30/49 District Health Officer No. 5,
District Health Officer No. 5,
District File Number 949578  Date Filed 991149
Date Filed 9 1/49

 	<del></del>		
	STATEMENT	BY LICENSED	EMBALMER

\$\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Student Embainer No	
working under my personal supervision.		
	7, 1, 7, 00	
Student	Signed / M. W. M. Sound	2

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ex-by

Licensed Embalmer No. 3 8 6

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.)

Student Embalmer

If this body is not embalmed, fact should be so stated above,