

S. No. 2
-1/47
5-17-39

34270

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 5 1947
Registration District No. 137

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 3023

State File No. 34270
Registrar's No. 225

1. PLACE OF DEATH:
(a) County... HENRY
(b) City or town... CLINTON MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 711 E Oak St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 50 years (Specify whether
In this community... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State... Mo (b) County... Henry 42
(c) City or town... Clinton MO
(If outside city or town limits, write "RURAL")
(d) Street No. 411 E Oak St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country...

3. (a) PRINT FULL NAME... HARRY BALDOCK
(b) If veteran, name war... none
(c) Social Security No. name

4. Sex... mo
5. Color or race... W
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife...
6. (c) Age of husband or wife if alive... years
7. Birth date of deceased... MAR 8 1922
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 7 18 hr min

9. Birthplace... Hannansville MO
(City, town, or county) (State or foreign country)
10. Usual occupation... Retired Railroadman

11. Industry or business...
12. Name... Richard Baldock
13. Birthplace... Dont Know
(City, town, or county) (State or foreign country)
14. Maiden name... Margaret Richards
15. Birthplace... Dont Know
(City, town, or county) (State or foreign country)

16. (a) Informant... Alton Stone
(b) Address... Chilhowee MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof... 10-28-47
(Month) (Day) (Year)
(c) Place: burial or cremation... Eaglewood
18. (a) Signature of funeral director... Conradus Ben
(b) Address... Clinton MO
19. (a) 10-28-47 (b) R. H. Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 10 day 26
year 1947 hour 7 minute A M.
21. I hereby certify that I attended the deceased from 10-18-47 to 10-26-47
that I last saw him alive on 10-22-47
and that death occurred on the date and hour stated above.

Immediate cause of death... Malignant disease of throat
Due to... of unclassified

Due to...
Due to...
Other conditions... (Include pregnancy within 3 months of death)
Major findings: Of operations...
Of autopsy...
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? ... (e) Means of injury...
23. Signature... Ed. C. Bellor (M.D. or other)
Address... Clinton MO Date signed 10/25/47

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

MOTHER FATHER

10-28-47

RECEIVED
District Health Officer No. 7,
District File Number 10-47-279
Date Filed 11-14-47

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 J. E. Consolman
Licensed Embalmer No. 1891
P. O. Address Antony, 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.