

NOV 19 1940 34742
State File No. 34742

Registration District No. 5086

Primary Registration District No. 5086

Registrar's No.

1. PLACE OF DEATH:

(a) County Bates
(b) City or town RURAL. HUDSON, TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 mi WEST APPLETON city
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days) 5 1/2 yrs.

3. (a) PRINT FULL NAME MARGARET VIRGINIA BALDWIN

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife John Baldwin 6. (c) Age of husband or wife if alive dec years

7. Birth date of deceased Jan (Month) 27 (Day) 1852 (Year)

8. AGE: Years 88 Months 8 Days 26 If less than one day hr. min.

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

10. Usual occupation Housekeeping

11. Industry or business 1

MOTHER FATHER { 12. Name James M. Bricknridge
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Mary Annus Burch
15. Birthplace Virginia (City, town or county) (State or foreign country)

16. (a) Informant Mary Kraubers
(b) Address Appleton city Mo

17. (a) Bury (Burial, cremation, or removal) (b) Date thereof Oct 25, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Appleton city Mo

18. (a) Signature of funeral director Frank Lee

(b) Address Appleton city Mo

19. (a) Oct 27 40 (Date received local registrar) (b) Mrs. Pauline Bain (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates
City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 2 mi West Appleton city. (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23 year 1940 hour 3 minute 42 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1935, to Oct 23, 1940 that I last saw her alive on Oct 23, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebra of lung
Pneumonia
Due to pneumonia bronchi
Chronic nephritis
Acute infarct.

Other conditions (Include pregnancy within 3 months of death) 1/21

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? 913
(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature C. L. Hansen (M. D. or other) 1940
Address Appleton city Mo Date signed 10-24-40

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 MC
on the 23 day Oct 1940, Registered Apprentice No. _____
working under my personal supervision.

Signed Frank Lee
Licensed Embalmer No. 1099
P. O. Address Appleton City 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.