

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**DEC 16 1940**  
Registration District No. **477**

Primary Registration District No. **4290**

Registrar's No. **621**

1. PLACE OF DEATH:

(a) County **LEWIS**  
(b) City or town **LEWISTOWN**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2**  
(Specify whether  
In this community **Life**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **LEWIS**  
(c) City or town **LEWISTOWN**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **0**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **SUSIE CATHERN BALDWIN**

3. (b) If veteran, name war \_\_\_\_\_ 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 **WILLIAM O BALDWIN** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **MARCH 30 1857**  
(Month) (Day) (Year)

8. AGE: Years **83** Months **7** Days **10** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **LEWISTOWN MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Art Home**

11. Industry or business \_\_\_\_\_

12. Name **John Stokely**

13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

14. Maiden name **FRANCIS CLONDA**

15. Birthplace **Kentucky**  
(City, town or county) (State or foreign country)

16. (a) Informant's own signature **Edgar Redinger**

(b) Address **Whites City**

17. (a) **Burial** (b) Date thereof **11/18/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **LEWISTOWN, MO**

18. (a) Signature of funeral director **James A. ...**

(b) Address **LEWISTOWN, MO**

19. (a) **Nov 15, 1940** (b) **P. W. Jennings, M.D.**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11/8/40** day **8**  
year **1940** hour **6:30 PM** minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from **Dec 1939**  
~~July 8~~ 19**39**, to **JUN 8** 19**40**,  
that I last saw him alive on **JUN 7** 19**40**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **apoplexy**  
Due to **Arteriosclerosis**

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **821**

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **G. M. Reynolds** (M. D. or other) \_\_\_\_\_  
Address **Trux City, Mo** Date signed **11/19/40**

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

RECEIVED

District Health Officer No. 10

District File Number 12-40-2307

Date Filed DEC 13 1940

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.....

Myself....., Registered Apprentice No.....  
working under my personal supervision.

Signed James A. Coder

Licensed Embalmer No. 2532

P. O. Address: Lewistown

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.