

3. No. 2
4-13-40
5-17-39
X23159

FILED JAN 16 1941
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. **42891**
Registrar's No. _____

Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County JASPER
 (b) City or town JOPLIN
 (c) Name of hospital or institution: 1510 E. 3rd
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 18 YRS. years, months or days _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County JASPER
 (c) City or town JOPLIN.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1510 E 3rd
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME PROVERE ANN BALDWIN.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 22
 year 1940 hour _____ minute _____ M.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive Did not see her alive and that death occurred on the date and hour stated above.

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED

Immediate cause of death
Coronary Sclerosis
General arterio Sclerosis
 Due to _____
 Due to _____

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

7. Birth date of deceased JAN 05 1857
 (Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 16 If less than one day _____ hr. _____ min.

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

Other conditions (Include pregnancy within 3 months of death) 94 1/2

10. Usual occupation HOUSE DUTY 1

11. Industry or business _____

Major findings: Of operations _____

12. Name A. LOWE 1
 13. Birthplace IND. (City, town, or county) (State or foreign country)

Of autopsy _____

14. Maiden name REBECCA FARMER
 15. Birthplace IND. (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant Ray H. Baldwin
 (b) Address Cape Girardeau

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) BURIAL (b) Date thereof 12/24/40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation OZARK MEMORIAL

(Specify type of place) 377 While at work? _____ (e) Means of injury _____

18. (a) Signature of funeral director Shelby Wood Co
 (b) Address Cape Girardeau

23. Signature R.A. Peabody (M. D. or other) 5

19. (a) 12-23-40 (b) _____
 (Date received local registrar) (Registrar's signature)

Address Cape Girardeau Mo. Date signed Dec 23 1940

(Licensed Embalmer's Statement on Reverse Side)

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

19
7
5

41-55

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.