

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

NOV 1941
FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1411
State File No. 371
Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:
(a) County. Jackson
(b) City or town. Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Recoivin 430 South Jackson
(If not in hospital or institution, write street number or location) /
(d) Length of stay: In hospital or institution. 28 years
(Specify whether years, months or days)
In this community. 28 years

2. USUAL RESIDENCE OF DECEASED:
(a) State. Missouri (b) County. Jackson 48
(c) City or town. 430 South Jackson 3
(If outside city or town limits, write "RURAL") 0
(d) Street No. 430 South Jackson 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 28 Years years.

3. (a) PRINT FULL NAME. Nelly Gertrude Baldock

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

4. Sex. F 5. Color of race. W 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. William J. Baldock 6. (c) Age of husband or wife if alive. 77 years

7. Birth date of deceased. Dec. 12, 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 12 If less than one day hr. min.

9. Birthplace. Maidstone England 4
(City, town, or county) (State or foreign country)

10. Usual occupation. Homaker At Home

11. Industry or business. At Home

12. Name. Arthur Larkin

13. Birthplace. England 4
(City, town, or county) (State or foreign country)

14. Maiden name. Louisa Diprose

15. Birthplace. England 4
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Louise Pritchett
(b) Address. 411 South Kensington

17. (a) Burial (b) Date thereof. 1-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Memorial Park

18. (a) Signature of funeral director. C.H. Blackman & Son, Inc.
(b) Address. R.C. Mo.
19. (a) Jan. 26, 1941 (b) Mo. M. Crewe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month. Jan day 27 year 1941 hour 9 minute 9 A. M.

21. I hereby certify that I attended the deceased from Sept 28 1939 19. to Jan 27, 1941 that I last saw him alive on Jan 22, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death. Angina Pectoris Duration 15 Months

Due to. Chronic Heart Disease (initial) 3 years

Due to. 92 W

Other conditions. (Include pregnancy within 3 months of death)

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?

While at work? (Specify type of place) (e) Means of injury. 0

23. Signature. W. H. ... (M. D. or other) W. H.
Address. 123 N. ... Date signed. 1-25-41

Duration
15 Months
3 years
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

10/20

10/20

10/20

10/20

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. H. Blackman*

Licensed Embalmer No. *3639*

P. O. Address *K. C. 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.