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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FEB 14 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Dr. Wakeman 2564  
State File No. \_\_\_\_\_  
Registrar's No. 4

Registration District No. 318 Primary Registration District No. 2001

39  
22  
6  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County GREENE  
(b) City or town Springfield  
(c) Name of hospital or institution: City Hosp. D  
(d) Length of stay: In hospital or institution One week  
In this community 60 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(d) Street No. 457 E. Elm  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Eugene W. Baldwin  
3. (b) If veteran, name war no  
3. (c) Social Security No. no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan. day 1  
year 1941 hour no minute 10 M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Unknown  
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years  
7. Birth date of deceased Unknown

21. I hereby certify that I attended the deceased from Dec 27, 1940 to Jan 1st, 1941;  
that I last saw him alive on Jan 1, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 6 days

8. AGE: Years About 74 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to Chc Myocarditis & Sypertension  
Due to Arteriosclerosis

9. Birthplace Unknown Unknown  
10. Usual occupation GARDENER

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations None

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Unknown  
13. Birthplace Unknown Unknown  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

16. (a) Informant Law State  
(b) Address Springfield Mo  
17. (a) Burial (b) Date thereof JAN 5-1941  
(c) Place: burial or cremation Hazelwood

While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury \_\_\_\_\_  
23. Signature Newton Wakeman (M.D. or other) NY  
Date signed 1-25-41

18. (a) Signature of funeral director H.H. Lohmeyer  
(b) Address Springfield, Mo.  
19. (a) 1-5-41 (b) W.E. Haudley  
(Date received local registrar) (Registrar's signature)

AUG 17 1956

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.....

*Walter E. Hamilton*

Licensed Embalmer No. *3808*

P. O. Address.....

*Springfield, 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.

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