

No. 2  
4-12-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 6910  
Registrar's No. 87

MAR 11 1941  
Registration District No. 318

Primary Registration District No. 2001

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

629

1. PLACE OF GREENE  
(a) County Greene  
(b) City or town Springfield  
(c) Name of hospital or institution: 1430 W. Lombard  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution About 30 years  
In this community About 30 years  
years, months or days

3. (a) PRINT FULL NAME Fred Webb Baderdeen  
(b) If veteran, name war No.  
(c) Social Security No. none

4. Sex M. 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Ida Baderdeen  
(c) Age of husband or wife if alive 60 years  
7. Birth date of deceased Dec. 25, 1862  
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 6 If less than one day hr. min.

9. Birthplace Unknown & Syria  
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Retired Merchant

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown & Syria  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown & Syria  
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Baderdeen  
(b) Address 1430 W. Lombard

17. (a) Burial (b) Date thereof 2/5/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn (Cem)

18. (a) Signature of funeral director Dunn Funeral Home  
(b) Address Springfield, Mo.

19. (a) 2-5-41 (b) W.E. Handley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene 39  
(c) City or town Springfield, Mo. 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1430 W. Lombard  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? About 40 Years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1  
year 1941 hour 10 minute 10 P. M.  
21. I hereby certify that I attended the deceased from July 1, 1940 to Feb. 1, 1941  
that I last saw him alive on Feb. 1, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 2 wk

Due to Hypertension 1938

Due to g20

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

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?

23. Signature E.C. Mullen (M. D. or other) MD  
While at work? (Specify type of place) (e) Means of injury

Address Springfield, Mo. Date signed Feb 4 1941

**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..... *Rayd W. Fort*.....  
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.**

X