No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14876

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 13th & Duquesne / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin (rural(0 (If outside city or town limits, write "RURAL")

(d) Street No. 13th & Duquesne 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? No / years.

3. (a) PRINT FULL NAME Ola Agnes Baldwin

3. (b) If veteran, name war * * *

3. (c) Social Security No. * * *

4. Sex Fem /

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife William Baldwin

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Sept. 30, 1892 (Month) (Day) (Year)

8. AGE: Years 48 Months 6 Days 16 If less than one day ___ hr. ___ min.

9. Birthplace Marysville, 0 Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Art Ashford
13. Birthplace 0 Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Abbie Burch
15. Birthplace / Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Wm Baldwin

(b) Address Joplin Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/41 (Month) (Day) (Year)

(c) Place: burial or cremation Driver Cemetery

18. (a) Signature of funeral director Hulbert Und Co

(b) Address Joplin, Mo.

19. (a) 4-17-41 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1941 hour 7 minute P M.

21. I hereby certify that I attended the deceased from April 14-41, 19__, to April 14, 1941; that I last saw her alive on April 14, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia L. Lung

Due to

Due to

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? 3/12 (Specify type of place)

While at work? (e) Means of injury

23. Signature V. E. Kenney (M. D. or other) 0

Address 311 Miners Bank Date signed

(Licensed Embalmer's Statement on Reverse Side)

41-5-453

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 Perry K Hurlbu

Licensed Embalmer No. 959

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.