

Aug 23 1941

Primary Registration District No. **4227**

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Howell

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

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 25 years / _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell **046**

(c) City or town West Plains /
(If outside city or town limit, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Elmer E. Baldwin

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

4. Sex 0 Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased August 21, 1863
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 15 day
year 1941 hour 10 minute P M.

21. I hereby certify that I attended the deceased from Nov. 5, 1940, to May 15, 1941,
that I last saw him alive on March 14, 1941,
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>8</u>	<u>24</u>	hr. _____ min. _____

Immediate cause of death
Myocarditis, chr.

Due to Arteriosclerosis **3**
High blood pressure **?**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **93d**

9. Birthplace Marion Indiana /
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Moses Baldwin

13. Birthplace Unknown /
(City, town, or county) (State or foreign country)

14. Maiden name Dorothy

15. Birthplace Unknown /
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

16. (a) Informant Theo. L. L. Baldwin
(b) Address Denver, Colo.

17. (a) Burial (b) Date thereof May 17, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Howell Calley Cem.

PHYSICIAN

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director _____
(b) Address West Plains, Mo.

19. (a) July 23, 1941 (b) Vida W Simons
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature Ad Roseburg (M. D. of _____)
Address West Plains, Mo. Date signed _____

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RECEIVED

District Health Officer No. 5,

District File Number 8811891

Date Filed _____

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 _____

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, above space should be left blank.