

AUG 23 1943

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 616

1. PLACE OF DEATH:

(a) County Breene

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

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

(d) Length of stay: In hospital or institution Hospital
(Specify whether years, months or days)

In this community 30 min.

2. USUAL RESIDENCE OF DECEASED: Barry

(a) State Mo. (b) County ~~Madison~~

(c) City or town Monett
(If outside city or town limits, write "RURAL")

(d) Street No. 708 10th St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Anna Baldridge

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1
year 1943 hour 6:00 minute 0 M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife George Baldridge 6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased Feb. 22 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 1
1943 to Aug 11, 1943

that I last saw h. alive on Aug 1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion Duration 1 month

8. AGE: Years 69 Months 5 Days 9
If less than one day hr. min.

Due to Hypertension ?

Due to _____

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

Other conditions 94 a
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business _____

12. Name George King

13. Birthplace unk. Alabama
(City, town, or county) (State or foreign country)

14. Maiden name Mary Misher

15. Birthplace unk. Germany
(City, town, or county) (State or foreign country)

Major findings: 94 a

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant George Baldridge

(b) Address 708 10th St. Monett, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 6-1943
(Month) (Day) (Year)

(c) Place: burial or cremation St. Vincent Hospital

18. (a) Signature of funeral director Blanchard

(b) Address Monett, Mo.

19. (a) 8-5-43 (Date received local registrar) (b) W. H. Houdley (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)

23. Signature Frank Kern M.D. (M.D. or other) Monett Mo. Date signed 8/4/43

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

MOTHER FATHER

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..... *L. H. Blankenship*.....

Licensed Embalmer No. *2397*.....

P. O. Address..... *Monett, 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.

x