

FILED OCT 29 1944

Registration District No. 177

Primary Registration District No. 1002

Registrar's No. 4220

1. PLACE OF DEATH:
 (a) County Jackson,
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Warner Plaza 3
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no.
(Specify whether
 In this community all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson,
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 5006 Tracy
(If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country X

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife unknown, 6. (c) Age of husband or wife if alive X years
 7. Birth date of deceased May 8 1903
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>5</u>	<u>12</u>	hr. _____ min. _____

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

10. Usual occupation Osteopath

11. Industry or business X

12. Name Irvin Baldwin

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

14. Maiden name Frances Timpson

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

16. (a) Informant Mrs. Frances T. Baldwin,
 (b) Address 100 West Armour Kansas City, Mo.

17. (a) Burial (b) Date thereof 10-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure,
 (b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 10-21-44 (b) H. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20th
 year 1944 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from Sept 5th 1944, to Oct 20 1944,
 that I last saw him alive on Oct 15th 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Acute Myocarditis
 Due to Severe nervous shocks & strains

Due to _____
 Other conditions (Include pregnancy within 3 months of death) 93 d.

Major findings: Of operations _____
 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? _____ (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 E. H. Reilinger (M. D. or other)
 Address 311 Argyle Bldg Date signed Oct 20 1944

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

MOTHER FATHER

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

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 E. M. Plank
Licensed Embalmer No. 1848
P. O. Address: 76. C. 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.