

No. 2  
M-5-43  
7. 5-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16533  
Registrar's No. 2323

FILED JUN 3 1946

Registration District No. 149

Primary Registration District No. 1002

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

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:  
General Hospital No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days  
(Specify whether years, months or days)

In this community 29 yrs

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. 5842 E. 11 St.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ruth Baldwin

3. (b) If veteran, name war no

3. (c) Social Security No. 487-09-8047

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased June 2 1896  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>49</u>	<u>11</u>	<u>20</u>	<u>hr. min.</u>

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

10. Usual occupation Dannelly Garment Co

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Phillip a Baldwin

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

14. Maiden name Elizabeth Good

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

16. (a) Informant Mary Baldwin

(b) Address 5842 - E - 11

17. (a) Burial (b) Date thereof May 25 - 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Wm. C. R. Foster

(b) Address 918 Brooklyn St. C. Mo.

19. (a) 5-25-46 (b) Shelbie Helme  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1946 hour 10 minute 50 P. M.

21. I hereby certify that I attended the deceased from May 4 1946 to May 22 1946.  
that I last saw her alive on May 22 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation with right and left cardiac failure with chronic glomerulonephritis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy None

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
\_\_\_\_\_ (e) Means of injury

23. Signature Wm. W. Hart (M. D. or other) 3-25-46  
Address Med. Dir. Gen'l Hosp. Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

*As above*

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**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.....

*B. J. Wise*

Licensed Embalmer No.....

*2550*

P. O. Address.....

*R. C. Wood*

**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.