

FILED JUL 2 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2658

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town J.C. Mo
(c) Name of hospital or institution: H-C Conv. Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 months
In this community 8 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 10
(c) City or town Columbia Mo. 2
(If outside city or town limits, write "RURAL") 4
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

MARYE BALDWIN

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife unk deceased 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: 83 Years Months Days If less than one day
hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER {
12. Name John Cook
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Ann Sampson
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Willet Funeral Home
(b) Address Columbia Mo.

17. (a) Columbia Mo (b) Date thereof 6-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Mo

18. (a) Signature of funeral director Quirk + Nobis
(b) Address Mo

19. (a) 6-17-46 (b) Sheraldine Holmes
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1946 hour 4:30 minute _____ P. M.
21. I hereby certify that I attended the deceased from 1-15-46
19____, to 6-15-46, 19____;
that I last saw him or alive on 6-15-46, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to arteriosclerosis
Due to _____
Other conditions (Include pregnancy within 3 months of death) 97

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

23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 6-15-46

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

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 Charles M. Quinn
Licensed Embalmer No. 3774
P. O. Address P.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.