

FILED NOV 8 1946

State File No. _____

Registration District No. 224

Primary Registration District No. 5796

Registrar's No. 87

1. PLACE OF DEATH: Moniteau Co.

(a) County Moniteau Co.

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

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

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

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH ROBERT BALDWIN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Sarah Edwina Baldwin

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

7. Birth date of deceased Aug 31 1859
(Month) (Day) (Year)

8. AGE: Years 87 Months 1 Days 23
If less than one day _____ hr. _____ min.

9. Birthplace Moniteau Co. Ms.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Hopwood Baldwin

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

14. Maiden name Loving Hy

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

16. (a) Informant Sarah Edwina Baldwin

(b) Address Mc Gicks Mo.

17. (a) Burial (b) Date thereof 10-25-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill - Sedalia Mo.

18. (a) Signature of funeral director Hugh William

(b) Address California Mo.

19. (a) 10-24-46 (b) H. R. Ropery
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 24
year 1946 hour 3 minute 30 a. M.

21. I hereby certify that I attended the deceased from Oct 3 1945 to Oct 24 1946
that I last saw him alive on Oct 20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Duration 4 years

Due to _____

Due to _____

Other conditions _____
(Includes pregnancy within 3 months of death)

Major findings: Of operations M

Of autopsy _____

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 J. P. Burkett (M. D. or other) _____
Address California Mo. Date signed 10/24/46

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

Date Filed 11-7-46

District File Number

District Health Officer No. 9

RECEIVED

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 Hugh E Williams

Licensed Embalmer No. 3537

P. O. Address California 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.