

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20541

State File No. \_\_\_\_\_

FILED JUL 11 1947

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 588

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 711 E. Walnut  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 Years  
(Specify whether years, months or days)

In this community 60 Years  
years, months or days

3. (a) PRINT FULL NAME Winfred M. Baldwin

3. (b) If veteran, name war No

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 Nathalie C. Baldwin

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

7. Birth date of deceased: April 3 1882  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>2</u>	<u>28</u>	hr. _____ min.

9. Birthplace Prince Edward Island Canada  
(City, town, or county) (State or foreign country)

10. Usual occupation President

11. Industry or business Rogers & Baldwin Hardware Co.

MOTHER FATHER

12. Name A. Baldwin

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

14. Maiden name Emma unknown

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

16. (a) Informant Mrs. W.M. Baldwin

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 7/3/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 7-3-47 (b) W.E. Handley MD  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2  
(If outside city or town limits, write "RURAL") 6

(d) Street No. 711 E. Walnut  
(If rural, give location) 0

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1  
year 1947 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from Unattended by a physician  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death probably coronary thrombosis

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

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

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

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations 94A

Of autopsy \_\_\_\_\_

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? 9 ✓

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

(e) Means of injury \_\_\_\_\_

23. Signature W.E. Handley local registrar (M.D. or other) \_\_\_\_\_

Address Springfield Mo Date signed 7/3-47

(Licensed Embalmer's Statement on Reverse Side)

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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 Roy H. Mercer Jr.

Licensed Embalmer No. 4432

P. O. Address Springfield, 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.**