

FILED APR 17 1946

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Monett  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St Vincent Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 50 years - (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry - 5  
(c) City or town Monett - 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 204 - 3rd St /  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6  
year 1946 hour 6 minute 40 A.M.  
21. I hereby certify that I attended the deceased from 5  
July 1945 to March 6 1946  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME George Baldridge  
3. (b) If veteran, name war no  
3. (c) Social Security No. \_\_\_\_\_

Immediate cause of death Infirmities of old age  
Duration 6 mos

4. Sex M - d race W -  
5. Color or race W -  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Anna Baldridge  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased. Nov. (Month) 13 (Day) 1866 (Year)

Due to Cholerae heart disease  
Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
79 4 24 hr. min.

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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

10. Usual occupation Building Contractor

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

12. Name John W. Baldridge

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. W. J. Suter  
(b) Address 708 10th St. Monett Mo.

17. (a) Burial (b) Date thereof. March 10, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(e) Place: burial or cremation L.O.O.F. Cemetery  
18. (a) Signature of funeral director Blankenship  
(b) Address Monett, Mo.

19. (a) 3-9-46 (b) W. M. West  
(Date received local registrar) (Registrar's signature)

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 T. J. Manning (M. D. or other) \_\_\_\_\_  
Address Monett Mo Date signed 3/1/46

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

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

RECEIVED

District Health Officer No. 6;

District File Number 446-417

Date Filed APR 12 1946

AUG 12 1945

FEB 21 1947

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 L. H. Blankenship

Licensed Embalmer No. 2397

P. O. Address Monett, 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.**