

FILED JUN 12 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18636

Do not use this space.

1. PLACE OF DEATH

(a) County PettisRegistration District No. 668(b) Township AdaliaPrimary Registration District No. 668-2032Registered No. 183(c) City Adalia(d) Street No. 313 Bathurst Park St. 1

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Chas Edward Baldwin(a) Residence, No. 1 St. 1

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

MaleWMarried

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Jessie M. Baldwin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Mar 22 - 1882

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

5921

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Marling Saloma

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Montclair Co Mo

FATHER

13. NAME

Chas Edward Baldwin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Montclair Co Mo

MOTHER

15. MAIDEN NAME

Bell Apperson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Montclair Co Mo

17. INFORMANT (ADDRESS)

Richard Baldwin
California Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Calvary Church DATE 5/24/41

19. FUNERAL DIRECTOR (ADDRESS)

Hellersen & Friedmeyer
California Mo

20. FILED

5/22/41 Mrs Harry Sneed
Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

May 22 1941

22. I HEREBY CERTIFY, That I attended deceased from

Apr 19 1941 to May 22 1941I last saw him alive on May 22 1941 Death is saidto have occurred on the date stated above, at 3 - m.

The principal cause of death and related causes of importance were as follows:

Coronary Lesion Date of onset

Other contributory causes of importance:

Myocardial Infarction

Name of operation

Date of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

Yes(Signed) J. M. D.(Address) Adalia Mo

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-11-41

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 18636Registration District No. 668Primary Registration District No. 3032

Registrar's No. _____

1. PLACE OF DEATH

- (a) County Pettis
(b) City or town Redalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____
(Specify whether

In this community _____
years, months or days)3. (a) PRINT
FULL NAME Cleon Edward Baldwin

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex M

5. Color or
race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased _____

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

59200 min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

- (b) Address _____

17. (a) _____
(Burial, cremation, or removal)

- (b) Date thereof _____

(Month) (Day) (Year)

- (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

- (b) Address _____

19. (a) 5-22-41
(Date received local registrar)

- (b) Mar Harry Sneed
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Monteau
(c) City or town California
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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. H. Mitchell (M. D. or other) _____
Address Redalia Date signed _____

43
1107

1107

S-18636 1941