N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D DEC 14 1938

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

38390
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 399

(b) Township Kaw 1 Primary Registration District No. 1002 Registered No. 4624

or

(c) City Kansas City, Mo (d) Street No. 1602½ East 31st. St.
(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 226 Herbert Elsworth Baxter

(a) Residence, No. 1602½ East 31st. St St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kate Baxter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-28-1866

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
71	10	29	

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. Motorman, K.C. Public Service Co

10. Date deceased last worked at this occupation (month and year) 24 Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott County Minnesota 1

FATHER

13. NAME No record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record 9

MOTHER

15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record 9

17. INFORMANT (ADDRESS) Mrs Kate Baxter

18. BURIAL, CREMATION, OR REMOVAL Elmwood
PLACE Elmwood DATE Nov 29 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. C.L. Forster Kansas City, Mo.

20. FILED Nov 29 1938 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-27- 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1935, 19..., to Nov 27, 1938

I last saw him alive on Nov 27, 1938 Death is said to have occurred on the date stated above, at 5 A.m.

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

	Date of onset
Chronic Myocarditis	[illegible]
Bronchial asthma	[illegible]
93C	
Other contributory causes of importance: Arteriosclerosis	[illegible]

Name of operation ..... Date of .....

What test confirmed diagnosis? Pb & Gangrene Was there an autopsy? No

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

Accident, suicide, or homicide? ..... Date of injury ....., 19....

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? No

If so, specify .....

(Signed) R W Andrews M. D.

(Address) 915 Argyle Kansas City Mo

(Licensed Embalmer's Statement on Reverse Side)

Dr. R.W.Anderson
724 Argyle
Ha. 5009

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 com with the above constitutes grounds for revocation of license.)

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