

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.

DEC'D SEP 8 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

29017

Do not use this space.

1. PLACE OF DEATH

(a) County DEKALB Registration District No. 263
 (b) Township ADAMS Primary Registration District No. 4162
 (c) City WEATHERBY (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred 17 yrs. mos. ds. (f) How long in U.S., if of foreign birth? Life mos. ds.

2. PRINT FULL NAME

MARY KATHERINE BAXTER
 (a) Residence, No. WEATHERBY MO St. ☐ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF _____ (OR) WIFE OF Geo Baxter
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-15-1854
 7. AGE YEARS 85 MONTHS 0 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
 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) 7-1-1939 11. Total time (years) spent in this occupation Life

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

13. NAME Gilbert 9
 14. BIRTHPLACE (CITY OR TOWN) unknown 9 (STATE OR COUNTRY)

15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)

17. INFORMANT Mrs Maggie Searcy (ADDRESS) Weatherby mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Alta Vista DATE 8-11 1939

19. FUNERAL DIRECTOR (NAME) Geo E Daniel (ADDRESS) Weatherby mo

20. FILED Sept 1 1939 Jessie Fitzgerald (Address) Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-9 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-3 1939, to 8-9 1939

I last saw her alive on 8-9 1939 Death is said

to have occurred on the date stated above, at _____ m.

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

Acute Yastro Enteritis Date of onset 8-6-39
Acute circulatory collapse 8-9-39
Pulmonary edema 8-9-39

Other contributory causes of importance:

Generalized Arteriosclerosis
with Hypertension
Senility
Secondary anemia

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) John M. Cooper M. D.

(Address) Marysville, Mo

RECEIVED

District Health Officer No. 11,

District File Number 939-1102

Date Filed SEP 5 1939

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,

myself

or by

Registered Apprentice No., working under my personal supervision.

Signed

Geo E Daniel

Licensed Embalmer No. 3300

P. O. Address

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, above space should be left blank.