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

43993

Do not use this space.

1. PLACE OF DEATH

(a) County Marion
(b) Township Jefferson
(c) City

Registration District No. 541
Primary Registration District No. 5730

Registered No.

(d) Street No. (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 39 yrs. 6 mos. ds. (f) How long in U. S., if of foreign birth? X yrs. X mos. X ds.

2. PRINT FULL NAME

Albert Lanza Baxter
(a) Residence, No. Marion County 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1869

7. AGE YEARS 70 MONTHS 7 DAYS 0 If LESS than 1 day, X hrs. or X min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Own farm
10. Date deceased last worked at this occupation (month and year) 1920 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) Marion Co. (STATE OR COUNTRY) Missouri

FATHER 13. NAME Geo. Baxter

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

MOTHER 15. MAIDEN NAME Julia Ann Wallace

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

17. INFORMANT Dena Baxter (ADDRESS) Belle, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Liberty Cem. DATE Nov. 17, 1939

19. FUNERAL DIRECTOR J. G. Fickler (ADDRESS) Bellevue, Mo

20. FILED Jan 6, 1940 John L. Linn Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from X, 19X, to X, 19X

I last saw him alive on X, 19X. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Suicide by shooting

Date of onset

Other contributory causes of importance:

Name of operation X Date of X

What test confirmed diagnosis? X Was there an autopsy? X

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

Accident, suicide, or homicide? Suicide Date of injury Nov. 16, 1939

Where did injury occur? In house yard at home (Specify city or town, county, and State)

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

In house yard at home

Manner of injury Self inflicted gunshot

Nature of injury Destruction of right side of head

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Donley, Gates & D.D.

482 (Address) Brinktown, Mo.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.
Signed.....

Licensed Embalmer No.....

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.)