

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7400

State File No. _____

Registration District No. _____

Primary Registration District No. 57598

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Miller Mo.
(b) City or town St. Elizabeth
(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) all life

8. (a) PRINT FULL NAME JOSEPH H. BAX 2071

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna (Deknute) Bax 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July 11-1870
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace St. Thomas, Mon
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Bernard

12. Name Burnett Bax

13. Birthplace Westphalia Germany
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Boeckman

15. Birthplace Westphalia Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. H. Bax

- (b) Address St. Elizabeth, Mo

17. (a) Burial (b) Date thereof Feb 5-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation St. Elizabeth, Mo.

18. (a) Signature of funeral director G. L. Baxey

- (b) Address Boysia, Mo.

19. (a) Feb 3 1940 (b) John C. Christensen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Miller
(c) City or town St. Elizabeth, Mo
(If outside city or town limits, write "RURAL")

- (d) Street No. _____ (If rural, give location)

- (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2
year 1940 hour 9:45 minute 0 M.

21. I hereby certify that I attended the deceased from Feb 2, 1940, to Feb 2, 1940,
that I last saw him alive on Feb 2, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 6 yrs

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 statistically

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 M. C. Humphrey (M. D. or other) P.O.

- Address Lucasburg, Mo. Date signed _____

RECEIVED

Miller County Health Dep't.

County File Number 40-32

Date Filed 3-14-40

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

Loren Adams, Registered Apprentice No. 211
working under my personal supervision.

Signed

C. L. Basey

Licensed Embalmer No.

2694

P. O. Address

Iberia, 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, above space should be left blank.