

FILED APR 12 1940

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Jackson
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 15th & Bellfountain
 (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 PLEASE GREEN BAXTER

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

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

6. (b) Name of husband or wife Nelle 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased _____
 (Month) (Day) (Year)

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

9. Birthplace Arkansas City Ark.
 (City, town, or county) (State or foreign country)

10. Usual occupation Shipping Clerk

11. Industry or business _____

12. Name unknown

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 Nelle Baxter

(b) Address 1317 Agnes

17. (a) Burial (b) Date thereof 3-9-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Batesville Ark

18. (a) Signature of funeral director Greenwood Mortuary

(b) Address Kansas City Mo. 1

19. (a) 3-7-40 (b) M. M. Brown
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1317 Agnes
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day 3-6-40
 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____;
 that I was _____ alive on _____ 19 _____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
 Duration _____

Pulmonary congestion

Due to (Pending further autopsy)

Due to fracture

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

Major findings: 11/10

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? Do not know

(e) While at work? _____ (Specify type of place)

(f) Means of injury _____

23. Signature Brown & Subler (M. D. or other)

Address K.C. Mo Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Francis Walton

Registered Apprentice No. *2744*

working under my personal supervision.

Francis Walton

Signed

J. H. Krumm

Licensed Embalmer No. *2744*

P. O. Address *K.C. 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.