

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County Merced
(b) City or town Newtown, Mo
(c) Name of hospital or institution: Rossana Sw 2
(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 NAMEKate Baxter 236

3. (b) If veteran,

name war

no

3. (c) Social Security

No.

no

4. Sex

Female

5. Color or

race White

6. (a) Single, widowed, married,

divorced

Widow

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive

_____ years

7. Birth date of deceased

May 1 1881

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

5933

hr

min

9. Birthplace

Merced County, Missouri

(City, town, or county)

(State or foreign country)

10. Usual occupation

housewife

11. Industry or business

12. Name

Struthers, Widmer

13. Birthplace

Merced County, Missouri

(City, town, or county)

(State or foreign country)

14. Maiden name

Anna Struthers

15. Birthplace

Merced County, Mo

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Alfred Baxter

(b) Address

Princeton, Mo

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

Brentley

18. (a) Signature of funeral director

Howe J. Moore

(b) Address

Princeton, Mo

19. (a)

(Date received local registrar)

(b)

J. M. Perry

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State

Mo

(b) County

Merced

(c) City or town

Newtown, Mo

(d) Street No.

RFD 1

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

Julyday 4th

year

1940

hour

10

minute

P. M.

21. I hereby certify that I attended the deceased from

Dec. 1

that I last saw her alive on

July 18th1940

and that death occurred on the date and hour stated above.

Immediate cause of death

Cardiac failure

Duration

Due to

Exophthalmia gravis
mitral regurgitation6 mos

Due to

Exophthalmia gravis5 yrs

Other conditions

no

(Include pregnancy within 3 months of death)

Major findings:

no

Of operations

no

Of autopsy

no

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?

no

While at work?

no

(Specify type of place)

(e) Means of injury

23. Signature

G. A. Dale D.D.

Address

Newtown, MoDate signed July 5 1940

RECEIVED

District Health Officer No. 11;

Case File Number 840-1276

Date Filed AUG 14 1940

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

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

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