

STANDARD CERTIFICATE OF DEATH

State File No. **31981**

Registration District No. **305**

Primary Registration District No. **4184**

Registrar's No. **28**

1. PLACE OF DEATH:

(a) County Gasconade  
(b) City or town Owensville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Residence, Owensville, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7  
(Specify whether  
In this community  
years, months or days)

8. (a) PRINT FULL NAME Rhoda Katherine Baxter

3. (b) If veteran, name war. 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Bernard B. Baxter 6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased Aug 21 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 0 28 hr. min.

9. Birthplace New Haven Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Joseph Bullinger

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

14. Maiden name Hannah Herzog

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

16. (a) Informant Bernard B. Baxter

(b) Address Owensville, Mo.

17. (a) Burial (b) Date thereof Sept 22 - 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Owensville, Mo. (City Cem)

18. (a) Signature of funeral director J. J. Murray

(b) Address Owensville, Mo.

19. (a) 9 - 22 - 40 (b) Rich A. Barnes Mo.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gasconade  
(c) City or town Owensville  
(If outside city or town limits write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19  
year 1940 hour 6:15 minute 15 P. M.

21. I hereby certify that I attended the deceased from 11 - 15, 1939, to 9 - 19, 1940;  
that I last saw him alive on 9 - 16, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Infarction  
Chronic Arteriosclerosis  
Due to Chronic Myocarditis  
Chronic Nephritis  
Partial Cirrhosis of Liver  
Chronic Coronary Artery Disease  
Other conditions Marked dependent Cholestasis  
(Include prognosis within 3 months of death)  
Major findings As above  
Of autopsy None performed  
Duration 12 yrs  
Physician's No. 1010  
Cause of death As above  
Should be charged statistically As above

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?  
928  
(Specify type of place)  
While at work? (e) Means of injury  
23. Signature Rich A. Barnes Mo.  
Address Owensville, Mo. Date signed 9-21-40

**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.....

Chester Lessmann....., Registered Apprentice No. 716  
working under my personal supervision.

Signed.....

Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address Owensville, 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.**