

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **39099**

DEC 16 1940

Registration District No. **477**Primary Registration District No. **200**Registrar's No. **65**

1. PLACE OF DEATH:

- (a) County Levi
 (b) City or town Rural - Canton Mo.
 (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
- 2

(Specify whether

In this community Ryl
years, months or days)3. (a) PRINT FULL NAME EMMA H. 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
- Wm F. Baxter

6. (c) Age of husband or wife if

alive 74 years

7. Birth date of deceased
- July 27 1871
-
- (Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 22
 If less than one day hr. min.

9. Birthplace
- Adams Co. Illinois
-
- (City, town, or county) (State or foreign country)

10. Usual occupation
- Housewife

11. Industry or business

12. Name
- James M. Hayward

13. Birthplace
- Levi, Ill.
-
- (City, town, or county) (State or foreign country)

14. Maiden name
- Elizabeth Workman

15. Birthplace
- Adams Co. Illinois
-
- (City, town, or county) (State or foreign country)

16. (a) Informant:
- Wm F. Baxter

- (b) Address
- Canton, Mo.

17. (a)
- Burial
- (b) Date thereof
- 11/21/40
-
- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation
- Chillicothe

18. (a) Signature of funeral director
- Edith B. Buckley

- (b) Address
- Canton, Mo.

19. (a)
- 11/20/40
- (b)
- P. W. Jennings, M.D.
-
- (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Levi
 (c) City or town Rural
 (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
- Nov.
- day
- 19
-
- year
- 1940
- hour
- 1
- minute
- 00
- M.

21. I hereby certify that I attended the deceased from Nov. 14
 1940, to Nov. 19 1940
 that I last saw her alive on Nov. 18 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death

Robert PneumoniaDuration 5 daysDue to 108Due to 108Other conditions Valvular heart disease 4 yrs.
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 P. W. Jennings (M. D. or other)Address Canton Mo Date signed 11/20/40

RECEIVED

District Health Officer No. 10

District File Number 17-40-2304

Date Filed DEC 13 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Earl N. Buckley

Licensed Embalmer No 2615

P. O. Address Canton, Mass.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.