V. S. No. 2
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Rev. 5-17-39
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FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2503

Registration District No. 295 Primary Registration District No. 4179 Registrar's No. 20

36
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0

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

1. PLACE OF DEATH:
(a) County Franklin County
(b) City or town Sullivan Missouri
(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 10 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin 36
(c) City or town Sullivan
(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.

3. (a) PRINT FULL NAME Carlous Laxton
3. (b) If veteran S.S. 490-14-6334 name war No. 3. (c) Social Security No. None
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, / divorced Married
6. (b) Name of husband or wife Mary Jane Laxton 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased October (Month) 10, (Day) 1879 (Year)

8. AGE: Years 61 Months 2 Days 28 If less than one day hr. min.

9. Birthplace Cumberland Co. (City, town, or county) Kentucky / (State or foreign country)
10. Usual occupation Sawmill Worker.
11. Industry or business
FATHER
12. Name Oliver Laxton
13. Birthplace Livingston (City, town, or county) Tenn. / (State or foreign country)
MOTHER
14. Maiden name Mealey Blankenship
15. Birthplace Cumberland Co. (City, town, or county) Kentucky / (State or foreign country)
16. (a) Informant Mary Laxton
(b) Address Sullivan, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 10, '41 (Month) (Day) (Year)
(c) Place: burial or cremation Sullivan, Mo.
18. (a) Signature of funeral director Thos. P. Shoffer
(b) Address Sullivan, Missouri.
19. (a) 1-9-41 (Date received local registrar) (b) C. A. Proctor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8 year 1941 hour 9 minute a. M.
21. I hereby certify that I attended the deceased from — , 19 , to — , 19 ; that I last saw h — alive on — , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis
Due to
Due to
Other conditions 93 N
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No.

Duration

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) Natural
(b) Date of occurrence January 8 1941
(c) Where did injury occur? On Street, Sullivan Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 9 22 Public Street (Specify type of place)
While at work? No (e) Means of injury None 3
23. Signature Ernst L. Oltmann Coroner (M. D. or other)
Address Gerald Missouri Date signed 1/8/41

(Licensed Embalmer's Statement on Reverse Side)

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Edgar W. Loffoon

Licensed Embalmer No. 3394

P. O. Address Sullivan, 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.