S. No. 2
—11-10-39
. 5-17-39
9-1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6866

Registration District No. 289 Primary Registration District No. 5407 Registrar's No. 10

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

5
0
0

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Malden Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Cotton Hill
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin

(c) City or town Malden
(If outside city or town limits write "RURAL")

(d) Street No. 1 Mile South 3/4 west
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Ada Baxter

3. (b) If veteran, name war ..... 3. (c) Social Security 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 Dec. (Month) 8 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
68	2	23	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) 1 Tenn. (State or foreign country)

10. Usual occupation Housework

11. Industry or business .....

FATHER
12. Name unown
13. Birthplace " (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name unown
15. Birthplace " (City, town, or county) 4 (State or foreign country)

16. (a) Informant Herbert Baxter
(b) Address East Parie, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 3 (Day) 41 (Year)
(c) Place: burial or cremation Stanfield

18. (a) Signature of funeral director Emerson, Burns
(b) Address Hornersville, Mo.

19. (a) 3-2-41 (Date received local registrar) (b) S. E. Mitchell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1 year 1941 hour 9:45 minute P. M.

21. I hereby certify that I attended the deceased from 2/22, 1941, to 3-1-, 1941, that I last saw her alive on 3-1-, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchio-Pneumonia

Due to Senility

Due to 107

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

Major findings:
Of operations .....
Of autopsy .....

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) .....
(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? 0 1 2 (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature [illegible] (M. D. ~~or other~~) 0
Address Sidean, Mo. Date signed 3-2-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2
District File Number 341-359
Date Filed 3/11/41

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.....

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.