

MAR 19 1941

Registration District No. 773

Primary Registration District No. 6018A

Registrar's No. 31

1. PLACE OF DEATH:

(a) County St. Francois County

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

(c) Name of hospital or institution:
State Hospital No. 4, Farmington, Mo. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5-20-33 to 2-13-41
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois 94

(c) City or town Flat River 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Permelia Victoria Laxton

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 Oliver Laxton

6. (c) Age of husband or wife if alive U.K. years

7. Birth date of deceased June 3 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 10 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel Blankenship

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

14. Maiden name Martha Huddleston

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

16. (a) Informant Mrs. Mary S. Baker

(b) Address Rivermines, Missouri

17. (a) Burial (b) Date thereof 2-15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centerville, Mo. 2-15-41

18. (a) Signature of funeral director Caldwell Bros.

(b) Address Flat River, Missouri

19. (a) Feb 19-41 (b) J. S. Robinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13
year 1941 hour 8 minute 15 a.m.

21. I hereby certify that I attended the deceased from May 20, 1933 to Feb. 13, 1941; that I last saw her alive on February 13, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Sudden Death

Due to Arteriosclerotic Heart Disease with Hypertrophy and Hypertension & Coronary Sclerosis ?

Due to Arteriosclerosis, generalized & marked ?

Other conditions Senile Paralysis, Simple
(Include pregnancy within 3 months of death) Deterioration

PHYSICIAN _____

Major findings: _____

Of operations None 93A

Of autopsy no

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? 6 Calh

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature C. C. Oult (M. D. or other) SM. 10

Address Farmington, Missouri Date signed _____

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

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.....

Caldwell Bros

Registered Apprentice No.....

working under my personal supervision.

Signed

W.A. Caldwell

Licensed Embalmer No.....

3317

P. O. Address

Flat River m

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, fact should be so stated above.