

APR 11 1940

Registration District No. 897

Primary Registration District No. 6191

Registrar's No. 7

1. PLACE OF DEATH:

(a) County WAYNE
(b) City or town PIEDMONT
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
HIGHWAY NEAR PIEDMONT
(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 MISSOURI (b) County WAYNE
(c) City or town LEEPER
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MAMIE MARGARET LAXTON

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 SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased SEPT 28 1925
(Month) (Day) (Year)

8. AGE: Years 25 Months 1 Days 3 If less than one day hr. _____ min. _____

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

10. Usual occupation Student

11. Industry or business _____

12. Name Charles Walter Laxton

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

14. Maiden name Lydia Ann Brown

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

16. (a) Informant Charles Walter Laxton
(b) Address Leper Mo.

17. (a) Leper (b) Date thereof Nov. 2 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation near Leper

18. (a) Signature of funeral director W. L. Piles
(b) Address Phillips Mo.

19. (a) 4-2-1941 (b) T. L. Piles
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1
year 1940 hour 12:30 minute P. 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 Killed in a car wreck on Highway 34 near Piedmont
Due to _____

Due to _____
Other conditions (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) Accident
(b) Date of occurrence 11-1-1940
(c) Where did injury occur on Highway near Leper
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
No, near Piedmont Mo.
(Specify type of place) (e) Means of injury Car Wreck

23. Signature T. L. Piles Reg. (M. D. or other)
Address Piedmont, Mo. Date signed _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

210 m

12
108

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 MB

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

Signed Norman W. Galt

Licensed Embalmer No. 3387

P. O. Address Richmond 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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12390

Registration District No. 891

Primary Registration District No. 6191

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Waynes
(b) City or town Benton T.P.
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mamie Margaret Taylor

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 25 Months 1 Days 3 If less than one year _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____ that death occurred on the date and hour stated above.

Immediate cause of death Killed in car wreck on Highway 34 near Piedmont Mo Duration _____

Due to _____

Due to Car accident with another car

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

Major findings: _____ Of operations _____

Of autopsy _____

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) acc

(b) Date of occurrence 11-1-1940

(c) Where did injury occur Piedmont Mo (City or town) (County) (State)

(d) Did injury occur _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature T. C. Giles (M. D. or other) _____

Address Piedmont Mo Date signed _____

SUPPLEMENTAL

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

MOTHER FATHER

