

Rev. 5-17-39
1 x 1911

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 14

Registration District No. 4 Primary Registration District No. 4550

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Vandalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 24 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain
(c) City or town Vandalia
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Mary Ellen Baxter
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 3 year 1941 hour: 6:30 minute _____ A. M.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cary Baxter
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased August 16 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 27, 1941 to April 3, 1941 and that I last saw her alive on March 27, 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 7 Days 18 If less than one day hr. _____ min. _____

Immediate cause of death Myocarditis Chorea Duration _____

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

Due to _____
Due to _____

10. Usual occupation Housewife
11. Industry or business _____
MOTHER FATHER { 12. Name Moorehead Newton
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Betty Nulce
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

16. (a) Informant's own signature Cary Baxter
(b) Address Vandalia, Mo.
17. (a) Burial (b) Date thereof Apr 5 '41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Vandalia, Mo.
18. (a) Signature of funeral director W.S. Waters
(b) Address Vandalia, Missouri
19. (a) Apr 27 1941 (b) W. A. Black
(Date received local registrar) (Registrar's signature)

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

23. Signature W. A. Black (M. D. or _____)
Address Vandalia Mo Date signed 4/24/41

RECEIVED

District Health Officer No. 10

District File Number 5-4-872

Date Filed MAY - 8 1941

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 W B Waler
Licensed Embalmer No. ~~3321~~ 4169
P. O. Address Vandolin 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.