DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20594

State File No.

APR 15 1941

Registration District No. 211 Primary Registration District No. 1002 Registrar's No. #860

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4529 E 53rd (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 Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 4529 East 53rd (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charles Thomas Baxter
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Baxter
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Feb. (Month) 9 (Day) 1877 (Year)

8. AGE: Years 64 Months 0 Days 18 If less than one day hr. min.

9. Birthplace Cassville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER
12. Name Sylvester Unknown
13. Birthplace (City, town, or county) N. C. (State or foreign country)
MOTHER
14. Maiden name Frances E. Hunter
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant EMMA BAXTER
(b) Address 4529 E 53rd
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-41 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director J. P. Lewis
(b) Address 3400 Woodland
19. (a) 3/1/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27, year 1941 hour 9 minute 30 P. M.
21. I hereby certify that I attended the deceased from Deputy Coroner, 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardial Infarction
Due to Coronary Thrombosis
Due to
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Russell W. Fenn (M. D. or other)
Address Date signed

(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.....

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

working under my personal supervision.

Signed E. P. Casey

Licensed Embalmer No. 1972

P. O. Address 17, C...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.