S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24771

State File No.

Registration District No. 135 Primary Registration District No. 3010 Registrar's No. 78

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

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Carrollton (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 1 (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED: 017

(a) State Mo (b) County Carroll

(c) City or town Carrollton (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.? 0 years.

3. (a) PRINT FULL NAME Wm L. Paxton

3. (b) If veteran, name war

3. (c) Social Security No. 510-01-1274

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lou Miller

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

7. Birth date of deceased Jan (Month) 13 (Day) 1876 (Year)

8. AGE: Years 65 Months 6 Days 1 If less than one day hr. min.

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

10. Usual occupation Telegrapher

11. Industry or business Pipe Line Work

FATHER
12. Name John Paxton
13. Birthplace (City, town, or county) Ky! (State or foreign country)

MOTHER
14. Maiden name Susan Taylor
15. Birthplace Orrick (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Wm Paxton

(b) Address Carrollton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-41 (Month) (Day) (Year)

(c) Place: burial or cremation Laplata, Mo.

18. (a) Signature of funeral director Standley

(b) Address Carrollton, Mo

19. (a) 7-15-1941 (Date received local registrar) (b) Ruth Haskins (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1941 hour 2 minute 00 A. 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 Angina Pectoris 94 W

Due to Coronary Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) deceased was found by employees of Sinclair pumping station of Carrollton, Mo. In the main office.

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 O. E. L. Smith Coroner (M. D. or other) D.O.

Address Tina, Mo. Date signed 7/15/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number----------
Date Filed ----8-6-41----------

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 Ben W Gibson

Licensed Embalmer No. 296

P. O. Address Carrollton 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.