

FILLED SEP 24 1941

Registration District No. 477

Primary Registration District No. 2-25-71

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Rural (1 mi. S. of ...)
(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
In this community 75 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Franklin Baxter

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Howard 6. (c) Age of husband or wife if alive 27 years (Month) (Day) (Year)

7. Birth date of deceased March 27 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 1 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name William Franklin Baxter

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

14. Maiden name Frances (Ma) O'Connell

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

16. (a) Informant William F. Baxter

(b) Address Clinton, Mo.

17. (a) Buried (b) Date thereof Aug. 31 '41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph

18. (a) Signature of funeral director Ed. T. Beatty

(b) Address Clinton, Mo.

19. (a) Aug. 30 1941 (b) P. W. Jennings, M.D. (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 056
(c) City or town Rural (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28 year 1941 hour 8:45 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 15 1940 to Aug. 28 1941
that I last saw him alive on Aug. 28 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion 2 hrs.

Due to 136

Due to Pulmonary Interlobar 1 yr.

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)
(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?

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

23. Signature P. W. Jennings (M. D. or other)
Address Clinton 2206 Date signed 8/30/41

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

RECEIVED

District Health Officer No. 10

District File Number 9-41-1752

Date Filed SEP 22 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.....

Licensed Embalmer No. 2615

P. O. Address Central 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.