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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31577

FILED OCT 14 1941

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 781

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
917 S. Jefferson St.
(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 Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 917 S. Jefferson St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29
year 1941 hour 9 minute 45 A. M.
21. I hereby certify that I attended the deceased from many years
..... 19..... to 9-29 1941
that I last saw her alive on 9-28 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration
Arteriosclerosis
Due to Mitral Aortic stenosis
Due to Senility

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).....
(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 Garrett Logg (M. D. or other)
Address Springfield Date signed 10-2-41

3. (a) PRINT FULL NAME

Mary Ann Baxter

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased: July 6 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
33 2 23 hr. min.

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

10. Usual occupation At Home

11. Industry or business.....

12. Name George Baxter

13. Birthplace No Data / Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Amalida Cutbertson

15. Birthplace No Data / Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Eleanor Humphreys

(b) Address Springfield Missouri

17. (a) Burial (b) Date thereof Oct. 2 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maplepark Cem.

18. (a) Signature of funeral director Alma Lohmeyer
(b) Address Springfield Missouri

19. (a) 10-2-41 (b) W.E. Handley M.D.
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 Wayne A. Smith

Licensed Embalmer No. 3446

P. O. Address Springfield

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.