

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43139

DEC 29 1941

Registration District No. 802

Primary Registration District No. 60464481

State File No.

Registrar's No. 87

1. PLACE OF DEATH

(a) County Schuyler
(b) City or town Dawning Mo.
(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 yes years, months or days (Specify whether)

3. (a) PRINT FULL NAME

Sarah Ann Baxter

3. (b) If veteran, name war.

3. (c) Social Security No.

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

6. (b) Name of husband or wife Sarah Baxter 6. (c) Age of husband or wife if alive 1865 years

7. Birth date of deceased June 22 (Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 10 If less than one day hr. min.

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

10. Usual occupation House Keeper

11. Industry or business

12. Name Henry Bell

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

14. Maiden name Anna Lingate

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

16. (a) Informant Mary Baxter

(b) Address Dawning Mo

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

(c) Place: burial or cremation Pleasant Hill

18. (a) Signature of funeral director Ray Moore

(b) Address Dawning Mo.

19. (a) Nov 4/41 (b) W. E. Erwig (Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Schuyler
(c) City or town Dawning Mo.
(d) Street No. 932
(e) If foreign born, how long in U. S. A. no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2 year 1941 hour 11:30 AM minutes 11:30 A. M.

I hereby certify that I attended the deceased from Oct 30, 1941, to Nov 2, 1941
that I last saw her alive on Nov 2, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure
Myocarditis

Due to 932

Due to Chronic Arthritis
And Rheumatism

Other conditions (Include symptoms in 3 months of death)
Major findings:
Of operations

Of autopsy no

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?
(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 W. E. Erwig (M. D. or other)

Address Dawning Mo Date signed Nov 4/41

(Licensed Embalmer's Statement on Reverse Side)

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

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 me
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Lloyd Moore

Licensed Embalmer No. 3151

P. O. Address Douning 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.