

Registration District No. 1099

Primary Registration District No. 5868

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: Pemiscot

(a) County \_\_\_\_\_

(b) City or town Wardell, Mo. Little River  
(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 \_\_\_\_\_  
Yes Life (Specify whether)

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 78

(a) State Mo (b) County Pemiscot

(c) City or town Wardell, Mo.  
(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.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME William Lloyd Baxter

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 8th, 1941  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>7</u>	<u>25</u>	<u>0</u> hr. _____ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Arch Baxter

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

14. Maiden name Gloce Smith

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

16. (a) Informant Arch Baxter  
(b) Address Wardell, Mo.

17. (a) Burial (b) Date thereof 3/4/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Cemetery

18. (a) Signature of funeral director Maple Cemetery

(b) Address Wardell, Mo.

19. (a) 3-3-1942 (b) J.P. Prange  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3rd day Feb., year 1942 hour 7 minute h. M.

21. I hereby certify that I attended the deceased from Jan., 28, 41, 19, to Feb. 1st, 1942, 19; that I last saw him alive on \_\_\_\_\_, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Influenza & Broncho-Pneumonia About week

Due to \_\_\_\_\_

Due to 330

Other conditions None  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy No

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? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature A. A. Reiter (M. D. or other) \_\_\_\_\_  
Address Portageville, Mo. Date signed 2-2-42

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

MOTHER FATHER

4-42-4

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

*not*

*Body was not embalmed*

Registered Apprentice No.

working under my personal supervision.

Signed

*James H. Osburn*

Licensed Embalmer No. *4185*

P. O. Address *Caruthersville, 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.