No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 11 1942

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 35055 11

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 153

108

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nevada Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 da (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEACESED:
(a) State Mo. (b) County Vernon
(c) City or town Harwood
(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 Lester Vernon Baxter
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 30 1924 (Month) (Day) (Year)
8. AGE: Years 17 Months 10 Days 11 If less than one day hr. min.
9. Birthplace Harwood (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Clerk
11. Industry or business
MOTHER FATHER
12. Name Loyd Vernon Baxter
13. Birthplace Atlas (City, town, or county) Ill. (State or foreign country)
14. Maiden name Cleo Roberts
15. Birthplace Pickell City (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Loyd Baxter
(b) Address Harwood Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 21, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Harwood Cemetery
18. (a) Signature of funeral director [illegible]
(b) Address Harwood Mo.
19. (a) Oct 19, 1942 (Date received local registrar) (b) Elizabeth Breckenridge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19 year 1942 hour 8 minute A.M.
21. I hereby certify that I attended the deceased from Oct 17 1942, to Oct 19 1942, that I last saw him alive on Oct 19 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Hyper-acute hemorrhagic pancreatitis — Duration 2 da.
Due to: None
Due to: None 128
Other conditions: None
(Include pregnancy within 3 months of death)
Major findings: Of operation Hemorrhagic Pancreas
Of autopsy None

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 [illegible] M.D. (M. D. or other)
Address Nevada Mo. Date signed 10-19-42

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

123 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 11-42-1234
Date Filed 11-10-42

**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 [illegible]

Licensed Embalmer No. 2709

P. O. Address Harwood, Missouri

**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.**