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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

Dr. Calloway

State File No. 2207

FILED FEB 3 1943

Registration District No. 728

Primary Registration District No. 2000

Registrar's No. 46

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**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: 805 S. Fremont
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community: 44 Years
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.: 805 S. Fremont
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: 0

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3. (a) PRINT FULL NAME: Elizabeth Baxter

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: George Baxter

6. (c) Age of husband or wife if alive: Dec years

7. Birth date of deceased: March (Month) 21 (Day) 1868 (Year)

8. AGE: Years: 74 ✓ Months: 9 Days: 24 If less than one day: hr. ..... min.

9. Birthplace: Canton (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Home

11. Industry or business:

FATHER
12. Name: Robert L. Ramsey
13. Birthplace: Lewis County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Sarah E. Ray
15. Birthplace: Lewis County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Sarah R. Robinson
(b) Address: Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 17, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Hazelwood

18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: Springfield, Mo.

19. (a) 1-16-43 (Date received local registrar) (b) B.W. Handley (Registrar's signature)

987 (Licensed Embalmer's Statement on Reverse Side)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month: Jan. day: 15 year: 1943 hour: 7 minute: 15 a.m.

21. I hereby certify that I attended the deceased from Jan 7, 1943, to Jan 15, 1943 and that I last saw her alive on Jan 14, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia — Duration: 2d.

Due to: 107

Due to:

Other conditions: Had been an invalid for several yrs - following fact flup.
(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
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: Guy L. Calloway (M. D. or other) MD
Address: Springfield Mo Date signed: 1/16/43

APR 23 194

MAY 6 1943

MAR 22 1943

**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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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.**