DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 5 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6104

Registration District No. 21 | Primary Registration District No. 3012 | Registrar's No. 230

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 mos., 8 days (Specify whether years, months or days)
In this community: 1 mo. 8 days

2. USUAL RESIDENCE OF DECEASED: 25
(a) State: Missouri (b) County: Clinton & DeKalb
(c) City or town: Cameron
(If outside city or town limits, write "RURAL")
(d) Street No.: –
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Lloyd Creel Baxter

3. (b) If veteran, name war: World War I

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

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

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

7. Birth date of deceased: December 7, 1894 (Month) (Day) (Year)

8. AGE: Years 48 | Months 2 | Days 18 | If less than one day: hr. min.

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

10. Usual occupation: Real Estate Salesman

11. Industry or business: " "

MOTHER FATHER

12. Name: David Henry Baxter

13. Birthplace: – (City, town, or county) Virginia (State or foreign country)

14. Maiden name: Ada Kate Creel

15. Birthplace: – (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Hospital Records, Veterans Administration,
(b) Address: Excelsior Springs, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 2-25-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Norborne, Mo.

18. (a) Signature of funeral director: J. Foster Poland Funeral Home
(b) Address: Cameron, Mo.

19. (a) 2-25-43 (Date received by local registrar) (b) Mrs Sadie Redman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25 year 1943 hour 5:55 minute A. M.

21. I hereby certify that I attended the deceased from January 17, 1943 to February 25, 1943 that I last saw him alive on February 25, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive arteriosclerotic Heart Disease	unknown
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Nephrosclerosis with uremia	unknown

Major findings:
Of operations:
Of autopsy: No 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? By what means of injury:

23. Signature: Forrest G. Bell (M. D. or other) M.D.
Address: FORREST G. BELL, Veterans Administration, Excelsior Springs, Mo. Date signed 2-25-43

1166 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-4-43

JAN 6 1945

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 Gerald F. Wade

Licensed Embalmer No. 4172

P. O. Address Cameron Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed; fact should be so stated above.