

FILED DEC 20 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. **3000**

1. PLACE OF DEATH:

(a) County **Adair**  
(b) City or town **Kirksville**  
(c) Name of hospital or institution: **Valentine Miller Apt.**  
(d) Length of stay: \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Adair**  
(c) City or town **Kirksville**  
(d) Street No. **Val. Miller Apt.**  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Clarence Jesse Baxter**

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

4. Sex **male** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **married**

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

7. Birth date of deceased **Aug. 31 1870**  
(Month) (Day) (Year)

8. AGE: Years **73** Months **2** Days **6**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Paris La Sac Wis. 1**  
(City, town or county) (State or foreign country)

10. Usual occupation **Real Estate operator**

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

12. Name **Harlow Baxter**

13. Birthplace **Mo. 2. 1**  
(City, town or county) (State or foreign country)

14. Maiden name **Barbara Shell**

15. Birthplace **Mo. 2. 1**  
(City, town or county) (State or foreign country)

16. (a) Informant **Mrs. C. J. Baxter**

(b) Address **Kirksville, Mo.**

17. (a) **Burial** (b) Date thereof **11-9-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Shively Cemetery**

18. (a) Signature of funeral director **James W. Wagner**

(b) Address **Kirksville, Mo.**

19. (a) **11/27/43** (b) **Mr. J. L. Wagner**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **6**  
year **1943** hour **6:50** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **Feb 26**, 1942, to **Nov 6**, 1943  
that I last saw him alive on **Nov 6**, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia** Duration \_\_\_\_\_

Due to **Cerebral Hemorrhage**

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

Other conditions (include pregnancy within 3 months of death) **§ 2a**

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

Of autopsy \_\_\_\_\_

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) (Country) (State)

(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 **§ 2a**

23. Signature **Byron M. Bury** and D. or other \_\_\_\_\_  
Address **Kirksville Mo.** Date signed **11/9/43**

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

1  
3  
3

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File No. 12-13-2035

DEC. 18, 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..... *A. J. Pison* .....

Licensed Embalmer No. 1407 .....

P. O. Address. Cambridge, Md. .....

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.