

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **43924**

FILED JAN 13 1944

Registration District No. **225**

Primary Registration District No. **6098**

Registrar's No. **101**

1. PLACE OF DEATH:

(a) County **Schuyler**
(b) City or town **Leicester**
(c) Name of hospital or institution: **none**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) **none**

3. (a) PRINT FULL NAME

William Lewis Baxter

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife

7. Birth date of deceased **Sept. 8 1866**
(Month) (Day) (Year)

8. AGE: Years **77** Months **3** Days **11** If less than one day hr. min.

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

10. Usual occupation **Retired Farmer**

11. Industry or business

12. Name **William Jackson Baxter**

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

14. Maiden name **Marion Smith**

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

16. (a) Informant **Aaron Zarr**

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

17. (a) **Burial** (b) Date thereof **12-21-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Armi Memorial**

18. (a) Signature of funeral director **P. O. Denton**

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

19. (a) **Dec. 19, 1943** (b) **A. B. Justice**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Schuyler**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Leicester**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **19**
year **1943** hour **9** minute **30 A.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____

that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Flu & general debility. I investigated case and viewed body. Quite old, frail and emaciated, contracted flu but refused medical attention. Had lived on the charity of others for years.**
Other conditions (Include pregnancy within 6 months of death) **No suspicious circumstances.**
Major findings: **Of operations: Stomach, no no. Inquest held. Sick only. Of autopsy: About two days.**

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) _____
(e) Means of injury _____
While at work?

23. Signature **A. B. Justice**
Address **Lancaster, Mo.** Date signed **12-19-43**

(Licensed Embalmer's Statement on Reverse Side)

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

1278

Coroner for Schuyler Co.

AUG 28 1944

RECEIVED

District Health Officer No. 10

District File No. 1-4-163

Date Filed JAN 1-2 1944

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

P. O. Tinton

Registered Apprentice No. 3705

working under my personal supervision.

Signed

P. O. Tinton

Licensed Embalmer No. 3705

P. O. Address Lancaster, 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.