

No. 2
5-43
5-17-39
X 36671

FILED JUN 3 1944

Registration District No. **1802**

Primary Registration District No. **1802**

Registrar's No. **2263**

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3511 Morrell Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community **33 years**
years, months or days) (Specify whether _____)

3. (a) PRINT FULL NAME Mrs. Myrtle Kay Baxter

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex female **5. Color or race white**

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Addison R. Baxter

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

7. Birth date of deceased October 21st, 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	7	5	hr. min.

9. Birthplace Johnson County, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Thomas J. Kay

13. Birthplace Bedford County, Penn.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Smith

15. Birthplace Bedford County, Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Fred K. Baxter

(b) Address **3511 Morrell Avenue**

17. (a) Cremation (b) Date thereof **5-29-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Freeman Mortuary

(b) Address **104 West 42nd Street, K. C., Mo.**

19. (a) 5-26-44 (b) **N. E. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")

(d) Street No. **3511 Morrell Ave.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th
year **1944** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Nov 12, 1944, to May 26, 1944
that I last saw her alive on **May 15, 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Ulcerative Colitis**

Due to _____

Due to _____

Other conditions **prob**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration

3 years

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Wilson A. Baker (M. D. or other) M.D.
Address **1030 Olive St., K.C., Mo.** Date signed **5/26/44**

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

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 H. Erwin

Licensed Embalmer No.

4352

P. O. Address

Hanson City, 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.