

FILED JUL 8 1944

State File No.

Registration District No. 149

Primary Registration District No. 1062

Registrar's No.

2630

1. PLACE OF DEATH:

(a) County Jackson
Kansas City
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital General Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 days
(Specify whether
In this community 40 YEARS
years, months or days)

3. (a) PRINT FULL NAME

SARAH Baxter, Emma

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife MR. CHARLES THOMAS BAXTER 6. (c) Age of husband or wife if alive 16 years

7. Birth date of deceased JULY 16 1880
(Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 5 If less than one day hr. min.

9. Birthplace REYNOLDS COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

12. Name FERDINAND ELLIS

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

14. Maiden name SARAH MURRAY

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

16. (a) Informant MRS. JAMES W. BAUCOM

(b) Address 4415 EAST-53RD STREET

17. (a) BURIAL (b) Date thereof JUNE 26 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM.

18. (a) Signature of funeral director W. H. Newcomer, Secy

(b) Address 1401 BRUSH CREEK BLYD

19. (a) 6-23-44 (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. 4529 E. 53rd St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1944 hour 7 minute 00p. M.

21. I hereby certify that I attended the deceased from May 25, 1944, to June 21, 1944;
that I last saw her alive on June 21, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death

Diabetic Gangrene with infection

Other conditions (Include pregnancy within 3 months of death) 6/1

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) (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) (c) Means of injury

23. Signature A. E. Usher (M. D. or other)

Address MED DIR. K.C. GENERAL HOSP. Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *R. C. Newcomer Jr*

Licensed Embalmer No. *4043*

P. O. Address: *R. C. Newcomer Jr*

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.