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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 20 1944

Registration District No. 77

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3016

State File No. 24454

Registrar's No. 151

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 months (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson 5
(If outside city or town limits, write "RURAL") 4

(d) Street No. 400 Madison Street
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Annie W. Baxter

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Not Known

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

7. Birth date of deceased March (Month) 2 (Day) 1865 (Year)

8. AGE: Years 79 Months 3 Days 26 If less than one day hr. min.

9. Birthplace Pittsburgh, Pa. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Retired Businesswoman

11. Industry or business

FATHER
12. Name John White
13. Birthplace Pittsburgh, Pa. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Jane Black
15. Birthplace Pittsburgh, Pa. (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs Hugh Stephens
(b) Address Jefferson City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June-30-1944 (Month) (Day) (Year)
(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Norb J. Gordon
(b) Address Jefferson City, Missouri

19. (a) 6-30-44 (Date received local registrar) (b) Thomas Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1944 hour 7 minute 30 a. M.

21. I hereby certify that I attended the deceased from 12-31, 1943, to 6-28, 1944
that I last saw her alive on 6-27, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	3 days
Due to Fracture of left hip	6 mos
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	5 yrs

Major findings:
Of operations
Of autopsy

186a
18

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) accident 121
(b) Date of occurrence 12-31-43
(c) Where did injury occur? Jefferson City, Cole, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? no (e) Means of injury Fall

23. Signature F. W. Gillham (M. D. or other)
Address Jefferson City Mo Date signed 6-30-44

894

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 7-19-44

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 Ferd P Drulle

Licensed Embalmer No. 3890

P. O. Address Jeff 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.