

FILED AUG 10 1944

Primary Registration District No. 4256

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Holden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Southwest Holden, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Holden
(If outside city or town limits, write "RURAL")
(d) Street No. Southwest Holden, Missouri
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX

3. (a) PRINT FULL NAME ELEANOR HAYDON BAXTER

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Theo Baxter 6. (c) Age of husband or wife if alive dec'd years
7. Birth date of deceased July 13, 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	11	20	hr. min.

9. Birthplace Houstonville, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

12. Name J. W. Greenwood

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

14. Maiden name Cooper

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

16. (a) Informant Charles H. Greenwood

(b) Address Holden, Missouri

17. (a) Burial (b) Date thereof July 5, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden Cemetery

18. (a) Signature of funeral director Canaday and Ropp

(b) Address Holden, Missouri

19. (a) 7-6-44 (b) Kathryn S. Canaday
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1944 hour 1/25 minute A M.

21. I hereby certify that I attended the deceased from January 18, 1941 to July 3, 1944.
that I last saw her alive on July 2, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

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 0

23. Signature Kelly Rawlins (M. D. or other)

Address Holden, Mo Date signed 7/6/44

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.....

M. L. Canaday

Licensed Embalmer No. *3434*

P. O. Address.....

Holder, 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.