V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1944

Registration District No. 210

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4322

State File No. 25172

Registrar's No. 56

65 1 0

1. PLACE OF DEATH:
(a) County: Mercer County
(b) City or town: Princeton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Axtell Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution: 1 week (Specify whether years, months or days)
In this community: all his life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Mercer 65
(c) City or town: Newtown, Missouri 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.:
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: No. D

3. (a) PRINT FULL NAME: Noel W. Baxter

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: male 0

5. Color or race: white

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Sept. 5, 1905 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
38	10	4	hr. min.

9. Birthplace: Mercer Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation: farmer

11. Industry or business:

FATHER
12. Name: Jess B. Baxter
13. Birthplace: Mercer Co. Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Widner
15. Birthplace: Mercer Co., Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant: Alice Baxter
(b) Address: Princeton, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: July 12, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Newtown

18. (a) Signature of funeral director: Noel Moss
(b) Address: Princeton, Mo.

19. (a) 7/12/44 (Date received local registrar) (b) Leon Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 10 year: 1944 hour: 3 minute: 50 A.M.

21. I hereby certify that I attended the deceased from January 7, 1939 to July 10, 1944 that I last saw him alive on July 10, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
bhroncial pneumonia	2 da.
Due to: myocarditis	
Due to: appendectomy- acute appendix	

Other conditions (Include pregnancy within 3 months of death): 1211

Major findings: Of operations: acutely infected appendix.

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? (Specify type of place)
While at work? (e) Means of injury: 9

23. Signature: Byron D. Axtell (M. D. or other) D.O.
Address: Princeton, Mo. Date signed: 7/12/44

1867

(Licensed Embalmer's Statement on Reverse Side)

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 Me;

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Karl Swan

Licensed Embalmer No. 2634

P. O. Address Cumberland 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.