

FILED APR 12 1945

Registration District No. 6

Primary Registration District No. 5237

State File No.

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Cedar  
(b) City or town Rural - Cedar Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 3 Months (Specify whether years, months or days)

3. (a) PRINT FULL NAME

FLOYD E BAXTER

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex MALE 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Irene Baxter  
6. (c) Age of husband or wife if alive 41 years  
7. Birth date of deceased Oct 11 1901  
(Month) (Day) (Year)

8. AGE: Years 43 Months 5 Days 19  
If less than one day hr. min.

9. Birthplace Paradise Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation groceryman

11. Industry or business

12. Name George Baxter  
13. Birthplace Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Ida Hopkins  
15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Irene Baxter  
(b) Address R. 1, Eldorado Springs, Mo  
17. (a) Burial (b) Date thereof 4-2-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Smithville, Mo

18. (a) Signature of funeral director Swinn Siders  
(b) Address Eldorado Springs, Mo  
19. (a) 3/13/45 (b) L. J. Hunsawyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30  
year 1945 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death  
Death from Natural Causes  
(Probably Heart Block)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 95a

Of autopsy

Duration

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 M. D. Swinn Coroner  
Address Eldorado Springs, Mo Date signed 3/30/45

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

RECEIVED

Officer No. 7,

3-45-340

Date Paid 4-11-45

### 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

*O. B. Sellers*

Licensed Embalmer No. 3250

P. O. Address

*E. Donald G. G. m.*

**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.