No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10310

FILED MAR 16 1945

Registration District No. _____ Primary Registration District No. 3048 Registrar's No. 38

1. PLACE OF DEATH:
(a) County: Nodaway
(b) City or town: Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 days (Specify whether years, months or days)
In this community: _____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Nodaway
(c) City or town: Barnard (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location): 9 miles S W
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: Helen Claire Saxton
3. (b) If veteran, name war: _____
3. (c) Social Security No. _____
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife: _____
6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: June 8, 1929 (Month) (Day) (Year)
8. AGE: Years 15 Months 7 Days 17 If less than one day _____ hr. _____ min.
9. Birthplace: Athol (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: schoolgirl
11. Industry or business: _____
FATHER
12. Name: Bert Saxton
13. Birthplace: Bedford, Iowa (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Lucy Jane Helen
15. Birthplace: Lawrence Okla (City, town, or county) (State or foreign country)
16. (a) Informant: Bert Saxton
(b) Address: Barnard, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-20-1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill Cemetery
18. (a) Signature of funeral director: Price Funeral Home
(b) Address: Maryville Mo.
19. (a) Feb 28 '45 (Date received local registrar) (b) Guy Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25 year 1945 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from Feb 22, 1945, to 2-25, 1945; that I last saw her alive on 2-25, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Streptococcus Meningitis with abscess of brain	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: N/A	
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: _____
23. Signature: J. M. Boyles (M. D.)
Address: Maryville Date signed 2-27-45

1349 (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.....

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

working under my personal supervision.

Signed W L Gee

Licensed Embalmer No. 2539

P. O. Address Maryville

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.