S. No. 2
M—8-43
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I X37823

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. 34976

FILED OCT 22 1945

Registration District No. 364

Primary Registration District No. 6252

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Wayne

(b) City or town Millspring Mill Spring Mex
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 10
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne 111

(c) City or town Millspring 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William Coleman Laxton

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 Widowed

6. (b) Name of husband or wife Phoebe Jane Laxton

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

7. Birth date of deceased July 25 (Month) 1865 (Day) (Year)

8. AGE: Years 80 Months 2 Days 13 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 0 (State or foreign country)

16. (a) Informant Lawrence Laxton 1
(b) Address Millspring, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 10, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Clay cem. near Fredericktown, Mo.

18. (a) Signature of funeral director [illegible]
(b) Address Fredericktown Mo.

19. (a) 10-19-1945 (Date received local registrar) (b) Susie E. Piles (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8
year 1945 hour 9:10 minute A. M.

21. I hereby certify that I attended the deceased from Oct. 4, 1945, to Oct. 8, 1945;
that I last saw him alive on 4 Oct. 1945
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to arteriosclerosis

Due to hypertension

Other conditions multiple carcinomas
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED 55

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature L. E. Torrey (M. D. or other)
Address Piedmont, Mo. Date signed 4/11/45

1503 (Licensed Embalmer's Statement on Reverse Side)

OCT 24 1965

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 Marvin E. Bowles, Registered Apprentice No. 382 working under my personal supervision.

Signed Norman W. Lish

Licensed Embalmer No. 3387

P. O. Address Richmond 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.