

S. No. 2  
M-2-43  
v. 5-17-39  
X35697

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 12 1946**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34389

State File No. \_\_\_\_\_

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Pike  
(b) City or town Louisiana  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Pike County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Lifetime years, months or days

3. (a) PRINT FULL NAME Emma Baxter

3. (b) If veteran, name war 90 3. (c) Social Security No. 90

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Earnest Baxter 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 9 1887  
(Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business at home

12. Name George Hoach

13. Birthplace Pike County Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Kate C. Hoff

15. Birthplace Pike County Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar Baxter  
(b) Address Clarksville, Mo.

17. (a) Burial (b) Date thereof Oct 6, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buffalo Cemetery

18. (a) Signature of funeral director Warner & Stone  
(b) Address Louisiana Mo.  
19. (a) 10/5/46 (b) Bernice Collier  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. South West Louisiana  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4  
year 1946 hour 4:00 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1945 to \_\_\_\_\_, 1946  
that I last saw h.e.v. alive on \_\_\_\_\_, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage  
Due to arterio-sclerosis

Due to \_\_\_\_\_  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: none  
Of operations: \_\_\_\_\_  
Of autopsy: none

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) no  
(b) Date of occurrence no  
(c) Where did injury occur? none  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at \_\_\_\_\_ (Specify type of place)  
(e) Means of injury no  
23. Signature William H. Law (M. D. \_\_\_\_\_)  
Address Louisiana, Missouri Date signed \_\_\_\_\_

374

(Licensed Embalmer's Statement on Reverse Side)

10-5-46

RECEIVED  
District Health Officer No. 10  
District File Number 10-46-2013  
Date Filed NOV-8-1946

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 J. B. Atterme  
Licensed Embalmer No. 44039  
P. O. Address Louisiana, 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.