

1. PLACE OF DEATH:

(a) County HUDRAIN
(b) City or town RURAL - 2 mi. west of Vandalia
(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 30 yrs. (Specify whether
In this community 30 yrs. years, months or days)

3. (a) PRINT FULL NAME JAMES ARCHIE BAXTER

3. (b) If veteran, name war World War I 3. (c) Social Security No. 493-09-1594

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife Wife 6. (c) Age of husband or wife if alive 24 years (Month) (Day) (Year)
7. Birth date of deceased July 24 1893 (Month) (Day) (Year)

8. AGE: Years 53 Months 7 Days 16 If less than one day hr. min.

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

10. Usual occupation Miner

11. Industry or business Walsh Refractory Co.

12. Name William Clay Baxter

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

14. Maiden name Mary Favers Thompson

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

16. (a) Informant Fannie Thompson

(b) Address St. Louis, Missouri

17. (a) Burial (b) Date thereof 3-12-47 (Month) (Day) (Year)

(c) Place: burial or cremation Burial in cemetery

18. (a) Signature of funeral director Paul S. Sappington

(b) Address Burlington, Mo.

19. (a) March 11, 1947 (b) Thallie Fugua (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County HUDRAIN
(c) City or town Rural - 2 miles west of Vandalia
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles west of Vandalia (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 10th year 1947 hour 7 minute 0 M.

21. I hereby certify that I attended the deceased from Coroner's Case to Coroner's Case, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death By suicide. That this man James Archie Baxter committed suicide by his own hand and gun.
Died Mr. James Archie Baxter shot himself in the right temple. The bullet made an exit from the head. There was no mark of violence found upon Mr. Baxter's body, only those created by the weapon Mr. Baxter used.
(Include pregnancy within 3 months of death)

Major findings: was found by G. B. Hatcher with a gun in his deceased right hand. The gun was removed by Mr. C. B. Hatcher.
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) suicide
(b) Site of occurrence 3 mi. W. of Vandalia

(c) Where did injury occur? 3 mi. W. of Vandalia, Mo.
(d) Did injury occur in or about home, or from a motor vehicle, or in public place? Philomena is very poor health. Decayed was in very poor health.

While at work? Yes (Specify type of place) (e) Means of injury gun shot

23. Signature S. C. Adams (M. D. or other) 3
Address Medico. Mo. Date signed 3-10-47

APR 18 1947

APR 18 1947

AUG 18 1947

APR 2 1947

APR 16 1947

APR 1 1947

RECEIVED
District Health Officer No. 10
District File No. 3-47-572
Date Recd. MAR. 18-1947

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.....
Licensed Embalmer No. 3044
P. O. Address.....

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.