

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

377398

State File No. _____

Registration District No. 27

Primary Registration District No. 5236

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town EL DORADO SPRINGS, MO. HB 3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HOMEC
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 43 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME EDITH M. BAXTER

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

4. Sex FE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MR. SID C. BAXTER 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased SEPT 4 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 1 27 hr. min.

9. Birthplace STOCKTON MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name A. J. MONTGOMERY
13. Birthplace MO.
(City, town, or county) (State or foreign country)
14. Maiden name SARAH MARSHALL
15. Birthplace IND.
(City, town, or county) (State or foreign country)

16. (a) Informant Sid C. Baxter
(b) Address El Dorado Springs R.R. 3
17. (a) BURIAL (b) Date thereof 10-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clintonville, Mo.

18. (a) Signature of funeral director Wm. Carothers
(b) Address El Dorado Springs, Mo.
19. (a) Nov 4-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town R.R. 3 El Dorado Springs
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31
year 1947 hour 5 minute 10 A.M.

21. I hereby certify that I attended the deceased from Sept 10 to Oct 31 1947
that I last saw him alive on Oct 10 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Cancer of spinal column
and metastasis
bone in body

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
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:

(c) 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) (e) Means of injury 0

23. Signature L. J. Dumas (M. D. or other) _____
Address El Dorado Springs Date signed 10/3/47

RECEIVED
DISTRICT HEALTH OFFICER NO. 71
DISTRICT HEALTH OFFICER NO. 71
11-17-42
Date Filed

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.

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.