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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 44728

Registration District No. 354 Primary Registration District No. 6198 Registrar's No.

1. PLACE OF DEATH:

(a) County TEXAS

(b) City or town RURAL CASS
(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 (Specify whether
In this community 11 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County TEXAS 107

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

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

(e) Citizen of foreign country? (Yes or No) 6

If yes, name country

3. (a) PRINT FULL NAME JOHN WALTER PAXTON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOY E PAXTON

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased APRIL (Month) 7 (Day) 1879 (Year)

8. AGE: Years 68 Months 8 Days 22 If less than one day hr. min.

9. Birthplace MARSHFIELD (City, town, or county) MO (State or foreign country)

10. Usual occupation MINISTER

11. Industry or business

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

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

16. (a) Informant JOY E PAXTON

(b) Address SOLO, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-31-47 (Month) (Day) (Year)

(c) Place: burial or cremation OAK DALE

18. (a) Signature of funeral director Gaylord V. Elliott

(b) Address HOUSTON, MO

19. (a) Feb 3 (Date received local registrar) (b) Gaynell Cunningham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 29 year 1947 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from , 1940, to Dec 28, 1947; that I last saw him alive on Dec 28, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Rectum	7 years
Due to	
Due to	
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:

(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 0

23. Signature Garrett Hogg Jr. M.D. (M. D. or other)

Address Cabool Mo. Date signed Dec 31/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 24 8106
Date Filed 2-16-48

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.