S. No. 300
M—10-47
v. 5-1939
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 10 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17106

Registration District No. 270 | Primary Registration District No. 3050 | Registrar's No. 39

1. PLACE OF DEATH:
(a) County: Pemiscot
(b) City or town: Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 11 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pemiscot
(c) City or town: Caruthersville
(If outside city or town limits, write "RURAL")
(d) Street No.: Gen. Del.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: WILLARD HERMAN BAXTER
3. (b) If veteran, name war: X
3. (c) Social Security No.: X
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: X
6. (c) Age of husband or wife if alive: X years
7. Birth date of deceased: October (Month) 7, (Day) 1878 (Year)
8. AGE: Years 69 | Months 7 | Days 19 | If less than one day ____ hr. ____ min.
9. Birthplace: Hampshire, (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: X
FATHER
12. Name: A. J. Baxter
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: Jennie M. Harvell
(b) Address: Bickson, Tenn.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Cooter, Mo.
18. (a) Signature of funeral director: H.S.Smith Funeral Home
(b) Address: Caruthersville, Mo.
19. (a) 6-4-1948 (Date received local registrar) (b) Fressie B. Weeks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27th, year 1948 hour 3 minute 45 A. M.
21. I hereby certify that I attended the deceased from May 20 —, 1948, to May 27 —, 1948; that I last saw him alive on May 23, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer of Stomach	Don't Know
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
23. Signature: J. R. Pinion (M. D. or other)
Address: Caruthersville, Mo. Date signed: 5-27-48

(Licensed Embalmer's Statement on Reverse Side)

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

6-48-180

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 James A. Osburn

Licensed Embalmer No. 41.85

P. O. Address Caruthersville, 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.