S. No. 2
A—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 42336

FILED DEC 30 1947

Registration District No. 209 | Primary Registration District No. 3043 | Registrar's No. 411

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Residence 809 Webb Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion
(c) City or town Hannibal (If outside city or town limits, write "RURAL")
(d) Street No. 809 Webb Street (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William J. Baxter
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Laura Jackson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 2, 1861 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 86 | 1 | 1 | hr. min. |

9. Birthplace Lewis County Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business Grocer

MOTHER FATHER
12. Name William Baxter
13. Birthplace No record (City, town, or county) (State or foreign country)
14. Maiden name No record
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. E. McKay
(b) Address Hannibal Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Olivet
18. (a) Signature of funeral director W. Crawford Smith
(b) Address 902 Broadway Hannibal Missouri
19. (a) 12-7-47 (Date received local registrar) (b) A. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4 year 1947 hour 10 minute 00 P.M.
21. I hereby certify that I attended the deceased from Nov. 8th 1947, to Dec 4th 1947, that I last saw him alive on Dec 1st 1947, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Myocardial Damage | 2yrs |
| Due to: Hypertensive Cardio-Vascular Disease | 5yrs |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |
| Major findings: Of operations: | |
| Of autopsy: (X) | |

PHYSICIAN
Underline the cause of 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 W. C. Smith (M. D. or other)
Address Hannibal Mo Date signed 12/8/47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

## 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

John L Ward, Registered Apprentice No. 35

working under my personal supervision.

Signed W Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.