DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11746

FD APR 28 1941

Registration District No. 713 — Primary Registration District No. 3942 — Registrar's No.

1. PLACE OF DEATH:
(a) County: PULASKI
(b) City or town: FORT LEONARD WOOD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Camp Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 0
In this community: 10 DAYS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DEACESED: 999
(a) State: ARKANSAS (b) County: 3
(c) City or town: PRATTSVILLE. 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME: CARL LEE PAXTON
3. (b) If veteran, name war: NO
3. (c) Social Security No. 429-14-0799
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: ETHEL PAXTON
6. (c) Age of husband or wife if alive: 44 years
7. Birth date of deceased: AUGUST 31 1892 (Month) (Day) (Year)

8. AGE: Years 48 | Months 5 | Days 13 | If less than one day ___ hr. ___ min.

9. Birthplace: PRATTSVILLE (City, town, or county) ARK. (State or foreign country)
10. Usual occupation: CARPENTER
11. Industry or business: CONSTRUCTION WORK.
FATHER
12. Name: WILLIAM PAXTON
13. Birthplace: UNKNOWN (City, town, or county) ARK. (State or foreign country)
MOTHER
14. Maiden name: SUE LUCAS
15. Birthplace: UNKNOWN. (City, town, or county) ARK. (State or foreign country)
16. (a) Informant's own signature: Royal Paxton
(b) Address: Prattsville Ark.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: MAR 15 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: PHILDELPHIA.
18. (a) Signature of funeral director: Lou Clark
(b) Address: Rolla Mo
19. (a) 3/15/41 (Date received local registrar) (b) C. Walker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 13 year 1941 hour 7 minute 45 A. M.
21. I hereby certify that I attended the deceased from none, 19__, to ___, 19__; that I last saw h__ alive on ___, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	
Due to:	
Due to: 4 yr	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: Coronary Occlusion	

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): ~~Accident~~
(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? yes (e) Means of injury: none
23. Signature: C. Walter Cox (M.D. or other)
Address: Crocker, Mo. Date signed 3-15-41

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 5,
District File Number 44/546
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 Me, Registered Apprentice No. working under my personal supervision.

Signed Orell E Lickliter

Licensed Embalmer No. 3544

P. O. Address St James

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.