

FILED FEB 10 1943

Registration District No. 1002

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
439 West 68th Street,
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no.
(Specify whether
 In this community 15 yrs.
years, months or days)

3. (a) PRINT FULL NAME Junius Foster Baxter,

3. (b) If veteran, name war No. 3. (c) Social Security No. none.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jean Lindsay Baxter, 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased May 21 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 8 4 .hr. min.

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

10. Usual occupation Advertising Agency,

11. Industry or business x owner.

12. Name June E. Baxter,

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Florence Pearson,

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Junius F. Baxter, Jr.

(b) Address 439 W. 68th St., Kansas City, Mo.

17. (a) Removal (b) Date thereof 1-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Topeka, Kansas,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-27-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson,
 (c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
 (d) Street No. 439 West 68th Street,
(If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country x

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25th
 year 1943 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from Jan 25 to Jan 27 1943
 that I last saw him alive on Jan 27 and that death occurred on the date and hour stated above.

Immediate cause of death:
Ch. Myocardial infarction 2 yrs
congestive heart failure
 Due to 930

Other conditions:
Cerebral hemorrhage 2 yrs
RT hemiplegia
 Major findings:
 Of operations:
 Of autopsy:

Duration
 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?
 While at work?.....
(Specify type of place) (e) Means of injury
 23. Signature P. V. Kelly (M. D. or other) Jan 26/43
 Address 1137 W. 4th St. Date signed Jan 26/43

Dr. Lindsay Milne

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address T. C. 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.