

FILED JUN 14 1944

Registration District No. 290

Primary Registration District No. 5983

Registrar's No. (11) 58

85  
0  
0

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

1. PLACE OF DEATH:  
 (a) County Pulaski  
 (b) City or town Fort Leonard Wood, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Station Hospital 0 Cullen Ave  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 24 hours  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME Judith Baxter  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased November 24 1943  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 5 15 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name William S. Baxter, Jr.

13. Birthplace Santa Anna, Texas  
 (City, town, or county) (State or foreign country)

14. Maiden name Bernice R. Augustowicz

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

16. (a) Informant Lt. W.S. Baxter

(b) Address 16 Great Oaks, Rolla, Mo

17. (a) Removal (b) Date thereof 5-9-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Santa Anna, Texas

18. (a) Signature of funeral director Wm J. Smith  
Rolla, Mo.

(b) Address \_\_\_\_\_  
 19. (a) May 9 1944 (b) Roberta Murray What  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Phelps  
 (c) City or town Rolla  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 16 Great Oaks  
 (If rural, give location)  
 (e) Citizen of foreign country? -- (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8  
 year 1944 hour 8 minute 25 P.M.  
 21. I hereby certify that I attended the deceased from May 7  
1944 to May 8 1944;  
 that I last saw her alive on May 8 1944;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia  
 Duration 48 hrs  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions A probable congenital heart  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations None  
 Of autopsy None  
 1578

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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
 23. Signature Fit (M. D. or other) bed  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**