S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27561

State File No.

FILED AUG 20 1945

Registration District No. 46 Primary Registration District No. 5568 Registrar's No. 212

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural Blue Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
31st and Santa Fe Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 31 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Rural Blue
(If outside city or town limits, write "RURAL")
(d) Street No. 31st and Santa Fe Road
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN HARRY PAXTON
3. (b) If veteran, name war None
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 Minnie M. Paxton
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased January (Month) 13 (Day) 1874 (Year)

8. AGE: Years 71 Months 6 Days 11 If less than one day hr. min.

9. Birthplace Wheatland, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Postal Clerk
11. Industry or business United States Post Ofr.
MOTHER FATHER
12. Name Ethan Paxton
13. Birthplace Wayne County, (City, town, or county) Ohio (State or foreign country)
14. Maiden name Mary Kinros
15. Birthplace Scotland (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Minnie Paxton
(b) Address Independence, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/45 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove Cemetery
18. (a) Signature of funeral director Roland R. Speaks
(b) Address Independence, Missouri.
19. (a) 7-25-45 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1945 hour 1 minute 50 P.M.
21. I hereby certify that I attended the deceased from June 6, 1945 to July 24, 1945 and that I last saw him alive on July 24, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Valvular Heart Disease — Duration 1 year
Due to
Due to
Other conditions (Include pregnancy within 3 months of death): Nephritis - Chronic interstitial & Hypertension
Major findings:
Of operations None
Of autopsy No 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 G. H. Allen (M. D. or other) MD
Address Independence Date signed 8/25/45

1163

(Licensed Embalmer's Statement on Reverse Side)

AUG 23 1945

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. Dylan L. Keyes

Licensed Embalmer No. 4225

P.O. Address. Indep. 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.