S. No. 2
0M—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 26 1946

State File No. 1179

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 126

8
3
8

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

832

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: 924 Oak Street Kansas City, Mo. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 4 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Nebraska (b) County Richardson 99

(c) City or town Falls City 25
(If outside city or town limits, write "RURAL")

(d) Street No. 301 West 16th Street 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 21

If yes, name country

3. (a) PRINT FULL NAME Donald D.S. 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 Loretta Baxter

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased August 27, 1902
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
43	4	13	hr. min.

9. Birthplace Omaha (City, town, or county) Neb. 1 (State or foreign country)

10. Usual occupation Painter

11. Industry or business Self Imployed

FATHER
12. Name Charles S. Baxter
13. Birthplace Unknown (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Edith ~~Branam~~ BRANAM
15. Birthplace Sabetha (City, town, or county) Kan. 1 (State or foreign country)

16. (a) Informant Mrs. Loretta Baxter
(b) Address 301 W. 16th St. Falls City, Neb.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-10-46 (Month) (Day) (Year)
(c) Place: burial or cremation Falls City, Neb.

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address 1800 Linwood Blvd. K.C. M.

19. (a) 1-10-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10th year 1946 hour 9 minute 40 A. M.

21. I hereby certify that I attended the deceased from Coroner, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Insufficiency — Duration

Due to Coronary Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Inspection & History

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 A. E. Upsher (M.D. or other)

Address 2800 Main Date signed 1/10/46

(Licensed Embalmer's Statement on Reverse Side)

JAN 29 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.....

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.