

FILED 0928 9 1946

Registration District No. _____ Primary Registration District No. 2000

1. PLACE OF DEATH: **OPFENE**

(a) County Springfield
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 638 South Main /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community several years (Specify whether)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 311
(c) City or town Springfield
(If outside city or town limits, write "RURAL") 3
(d) Street No. 638 South Main 6
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 9
If yes, name country _____

3. (a) PRINT FULL NAME GERTRUDE BAXTER
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 25
year 1946 hour 5:00 P.M. minute _____ M. 1946

21. I hereby certify that I attended the deceased from April
1, 1946 to Sept 25, 1946;
that I last saw her alive on Sept 25, 1946
and that death occurred on the date and hour stated above.

4. Sex female / 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Karl Baxter 6. (c) Age of husband or wife if alive 52 years

Immediate cause of death Overdose of
Paraldehyde

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 466

7. Birth date of deceased February 1, 1894
(Month) (Day) (Year)

8. AGE: Years 52 Months 5 Days 7 If less than one day _____ hr. _____ min.

Major findings: Parasitic
Of operations ca
Of autopsy no autopsy

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Domestic Housewife

11. Industry or business _____

12. Name August Neumann

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

14. Maiden name Lena Metzler

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

16. (a) Informant Karl Baxter
(b) Address 638 S. Main

17. (a) Burial (b) Date thereof 9-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director ALMA LOHMEYER FUNERAL HOME
SPRINGFIELD, MISSOURI

(b) Address _____
19. (a) 9-28-46 (b) W. H. Handley M.D.
(Date received local registrar) (Registrar's signature)

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 0

23. Signature W. H. Handley (M. D. _____)
Address Springfield Mo Date signed Sept 27, 1946

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

MOTHER FATHER

FEB 16 1949

DEC 18 1948

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..... *C. A. Roof*

Licensed Embalmer No. *3244*

P. O. Address *Springfield, 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.

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