

No. 2
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-17-39
X47070

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JUN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21604

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 235

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 807 Webb Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1947 hour 10 minute 20 A. M.

21. I hereby certify that I attended the deceased from 6-6
1947, to 6-12, 1947;
that I last saw her alive on 6-12, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Dr. Henna 3 days
Due to Art. Scholastic
Heart disease
Due to Supralized
arteriosclerosis ?

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

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) (c) Means of injury D

23. Signature Dr. E. M. Luchte (M. D. Registrar)
Address Holmes Bldg., Hannibal, Mo. Date signed 6-13-47

3. (a) PRINT FULL NAME

Laura Nester 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 Married

6. (b) Name of husband or wife William John Henry Baxter 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased June 15, 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 27 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business XX

12. Name George Jackson

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

14. Maiden name Mary Ann Gregory

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

16. (a) Informant Mrs. Carrie Marvin

(b) Address Hannibal Missouri

17. (a) Burial (b) Date thereof 6/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director W. C. ...

(b) Address 902 Broadway Hannibal Missouri

19. (a) 6-16-47 (b) Dr. E. M. Luchte
(Date received local registrar) (Registrar's signature)

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

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 *H. Crawford Smith*
.....
Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.