

14 1943
Registration District No. 132

Primary Registration District No. 4203

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Galt
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundy

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME EDWARD RILEY AXTELL

3. (b) If veteran, name war _____ (c) Social Security No. 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1943 hour 11 minute 30 A.M.

4. Sex male 5. Color or Race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Rachel Axtell 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased: Aug 14 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 7, 1943 to _____, 19____
that I last saw h. in alive on May 7, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of intestines and Hemorrhage Duration 2 years

8. AGE: Years 74 Months 8 Days 24 If less than one day _____ hr. _____ min.

Due to Carcinoma

Due to _____

9. Birthplace Grundy Co Mo
(City, town, or county) (State or foreign country)

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

10. Usual occupation Retired Farmer

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Chalmer Axtell

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

14. Maiden name Martha Williams

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

16. (a) Informant Mrs Rachel Axtell

(b) Address Galt Mo

17. (a) Burial (b) Date thereof 5-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galt Mo

18. (a) Signature of funeral director PK Pughman

(b) Address Galt Mo

19. (a) 5-11-43 (b) L.S. Roberts
(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature R.E. Newton (M.D. or other) 50.2

Address Galt, MO Date signed May 8, 43

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

410
000

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.....

P. K. Payne Jr

Licensed Embalmer No.....

3400

P. O. Address.....

Galt 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.