

RECD NOV 21 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

34801
Do not use this space.

1. PLACE OF DEATH Jackson
 (a) County Kaw Registration District No. 399
 (b) Township Kansas City, Mo Primary Registration District No. 1002
 (c) City 1301 Askew (d) Street No. 1301 Askew Registered No. 4137
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elmer R. Hixon
 (a) Residence, No. 1301 Askew St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Addie Hixon
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 26, 1892
 7. AGE YEARS 46 MONTHS 7 DAYS 28 If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Painter
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

FATHER 13. NAME Robert Hixon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

MOTHER 15. MAIDEN NAME Elizabeth Blake

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT (ADDRESS) Miss Maude Hixon 1301 Askew

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond, Mo. DATE Oct. 25, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. C. L. Forster 918 Brooklyn

20. FILED 10-24-38 M. M. Crowe Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-23-38 19

22. I HEREBY CERTIFY, That I attended deceased from 10-23-38, 19...
 I last saw deceased on 10-23-38 at 2:15 PM. Death is said to have occurred on the date stated above, at 2:15 PM.
 The principal cause of death and related causes of importance were as follows:

Coronary atherosclerosis
Acute + chronic coronary occlusion
Chronic myocardial infarction
 Other contributory causes of importance:
Pulmonary edema 94 B

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19...
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) Walter H. Birtler, M. D.
Don Hoop, W.C. Mo. (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, above space should be left blank.