

No. 2
-11-10-39
5-7-41
I X2142

JUN 14 1940

Registration District No. 427

Primary Registration District No. 5583

State File No. _____

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Kingsville - Rural Kingsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution 2 (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Kingsville Rural
(If outside city or town limits, write "RURAL") _____
(d) Street No. _____ (If rural, give location) _____
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME

Hattie Rose Hixon

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 Claude W. Hixon

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased March
(Month) (Day) (Year)

8. AGE:

Years 55 Months 2 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace

Johnson Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

at Home

11. Industry or business _____

MOTHER FATHER

12. Name James Pawley

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

14. Maiden name Naomi Babcock

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

16. (a) Informant Claude W. Hixon

(b) Address Kingsville Mo

17. (a) Burial (b) Date thereof May 23-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant Cemetery

18. (a) Signature of funeral director M. Goodman

(b) Address Holden Mo

19. (a) May 22, 1940 (b) Mrs. B. Radford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1940 hour 8:40 minute _____ P.M.

21. I hereby certify that I attended the deceased from Dec 20
1939 to May 21, 1940
that I last saw him alive on May 21, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of right breast with metastasis to liver, lungs
Due to mediastinum

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

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

388
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Kelly Rawlins (M. D. or other) _____
Address Holden Mo Date signed 5/22/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-18-0

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 Samuel B. Rapp
Licensed Embalmer No. 4044
P. O. Address Holden

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.