

No. 2  
-11-10-39  
5-17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

25835

State File No. \_\_\_\_\_

Registration District No. 821

Primary Registration District No. 5801

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Eastview Township 2  
(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 \_\_\_\_\_ (Specify whether)  
In this community 3 months  
years, months or days

3. (a) PRINT FULL NAME Enora Nixon 250

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race Col.

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

6. (b) Name of husband or wife Jessie Dejon 6. (c) Age of husband or wife if 42 years

7. Birth date of deceased \_\_\_\_\_  
(Month) (Day) (Year) 10 9 8

8. AGE: Years 42 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Miss. County  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Thomas Hartley

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

14. Maiden name Ada Clark

15. Birthplace Scott County, MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Fletcher

(b) Address Sikeston, Mo

17. (a) Burial (b) Date thereof July 3, 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Charleston, Mo

18. (a) Signature of funeral director Edwin Ellis

(b) Address Sikeston, Mo

19. (a) 8-6-40 (b) J. W. Orrell  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County New Madrid

(c) City or town Sikeston, Mo  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1  
year 1940 hour 6 minute 0 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death No medical attention from record, Cordiac Failure - Acute

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 2 D.V.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

539 (Specify type of place) \_\_\_\_\_ (e) Means of injury 5

While at work? \_\_\_\_\_

23. Signature L. A. Richard Jr (M. D. or other) Coroner

Address New Madrid, Mo Date signed 7-1-40

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

RECEIVED

District Health Officer No. 2,

District File Number 840-131

Date Filed 8/7/40

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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, on July 1,

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Allen Elvin

Licensed Embalmer No. 3869

P. O. Address St. Louis

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.