

S. No. 2  
1-4-13-40  
v. 5-17-39  
I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **38502**  
Registrar's No. **38**

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

Registration District No. **204**

Primary Registration District No. **3013**

1. PLACE OF DEATH:  
(a) County Clinton  
(b) City or town Cameron  
(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 \_\_\_\_\_  
years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Anna Pixlee.  
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 Widowed  
6. (b) Name of husband or wife R. O. Pixlee  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased September 1 1859  
(Month) (Day) (Year)

8. AGE: Years 01 Months 0 Days 28  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housework

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

MOTHER FATHER  
12. Name James E. Hughes,  
13. Birthplace Unknown, Ky.  
(City, town, or county) (State or foreign country)  
14. Maiden name Pauline Dale  
15. Birthplace Unknown, Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant James E. Pixlee  
(b) Address Cameron, Mo.

17. (a) Burial (b) Date thereof Oct. 1, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborn, Mo

18. (a) Signature of funeral director W. M. ...  
(b) Address Cameron, Mo.

19. (a) Oct 1 1940 (b) W. M. ...  
(Date received local signature) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Clinton  
(c) City or town Cameron  
(If outside city or town limits, write "RURAL")  
(d) Street No. West 4th. St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29th.  
year 1940 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 1939  
to Sept 29 1940  
that I last saw her alive on Sept 28 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Septemic Heart Disease Duration 1 yr.

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

Due to AS Pt

Other conditions AS Pt  
(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?  
185  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. P. Pixlee (M. D. or other) 1  
Address Cameron, Mo Date signed Sept 30

**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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

Signed \_\_\_\_\_ *C. Moore*

Licensed Embalmer No. *1180*

P. O. Address \_\_\_\_\_ *Cameron, 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.**