S. No. 2
—11-10-39
5-17-39
1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6398

MAR 11 1949

Registration District No. 89 | Primary Registration District No. 3007 | Registrar's No. 85

12
7
3

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

1. PLACE OF DEATH:

(a) County Butler

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

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

(d) Length of stay: In hospital or institution 8½ hrs. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Poplar Bluff, Mo. 7
(If outside city or town limits, write "RURAL")

(d) Street No. 3
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Micheal Edwin Hixson

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife --

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

7. Birth date of deceased February 18, 1941 (Month) (Day) (Year)

8. AGE: Years -- Months -- Days -- If less than one day 8 hr. 30 min.

9. Birthplace Poplar Bluff, Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation --

11. Industry or business --

FATHER
12. Name Ralph Edwin Hixson
13. Birthplace Piedmont, Missouri (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Georgia Lillian Phelps
15. Birthplace Leeper, Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant Ralph Edwin Hixson
(b) Address 418 Oak Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19-41 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Frank Mortuary
(b) Address Poplar Bluff Mo.

19. (a) 2/25/41 (Date received by local registrar) (b) Kate Lutz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18 year 1941 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb. 18, 1941, to Feb. 18, 1941; that I last saw him alive on Feb. 18, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Premature - 6½ mo.	
Due to Placenta Previa -	
Due to Mother - 15	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) O.M.D.
Address Poplar Bluff, Mo. Date signed 2/22/41

(Licensed Embalmer's Statement on Reverse Side)

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.

Not embalmed

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.