

No. 2
4-13-40
-17-39
X23189

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 21 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15299

State File No. _____
Registrar's No. _____

Registration District No. 604 Primary Registration District No. 5802

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Rural - New Madrid, Rt. 1
(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 of location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town New Madrid, Rt. 1
(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 Eliza Nix
(b) If veteran, name war _____
(c) Social Security No. _____

20. DATE OF DEATH: Month Apr day 2
year 1941 hour 9:00 minute 0 P. M.

4. Sex female 5. Color or race wh
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife William Nix 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 16 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 8 Days 16 If less than one day _____ hr. _____ min.

Immediate cause of death unknown Duration _____
Due to _____
Due to _____

9. Birthplace Humphries County Tenn
(City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business _____

Other conditions _____
(Include pregnancy within 5 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

MOTHER FATHER
12. Name Knox Mullins
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Utley
15. Birthplace Ok
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Doshie Nix
(b) Address New Madrid, Rt. 1
17. (a) burial (b) Date thereof Apr. 4 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kewanee Mo.
18. (a) Signature of funeral director Jennigan Funeral Home
(b) Address Madison Mo.
19. (a) 4/11/41 (b) _____
(Date received local registrar) (Registrar's signature)

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? 533
(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature E.E. Jover (M. D. or other) _____
Address Liberton Mo Date signed April 4

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

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.....

Not embalmed

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.