S. No. 2
—11-10-39
. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22502

Registration District No. 735 | Primary Registration District No. 3034 | Registrar's No. 126

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

1. PLACE OF DEATH:
(a) County: Randolph
(b) City or town: Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCormick Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Half hour (Specify whether years, months or days)
In this community: ~~None~~ Half Hour

2. USUAL RESIDENCE OF DECEASED:
(a) State: Illinois (b) County: Adams
(c) City or town: Quincy
(If outside city or town limits, write "RURAL")
(d) Street No.: 1117 No. 17 St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Lincoln Nixon
3. (b) If veteran, name war: None
3. (c) Social Security No. 327-05-1989
4. Sex: Male
5. Color or race: Black
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Zelphyr Nixon
6. (c) Age of husband or wife if alive: 35 years
7. Birth date of deceased: Sept. 2, 1905. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
35	8	29	____ hr. ____ min.

9. Birthplace: Quincy (City, town, or county) / Illinois (State or foreign country)
10. Usual occupation: Truck Driver
11. Industry or business:
FATHER 12. Name: George W. Nixon
13. Birthplace: Nashville (City, town, or county) / Tenn. (State or foreign country)
MOTHER 14. Maiden name: Savana Johnson
15. Birthplace: Vicksburg (City, town, or county) / Miss. (State or foreign country)
16. (a) Informant: George Leon Nixon
(b) Address: 1622 Cedar St. Quincy Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: June 1, 41 (Month) (Day) (Year)
(c) Place: burial or cremation: Quincy Ill.
18. (a) Signature of funeral director: Snow Funeral Home
(b) Address: Moberly Missouri.
19. (a) June 1-41 (Date received by local registrar) (b) Pearl Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1941 hour 4:00 minute P M.
21. I hereby certify that I attended the deceased from ____, 19__, to none, 19__; that I last saw h__ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Broken neck caused by automobile wreck that happened on highway 24 E of Moberly on 5-31-41 — Duration
Due to: Coroners case
Due to:
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): Accident - auto
(b) Date of occurrence: 5-31-41 3 pm
(c) Where did injury occur? 4 mi E of Moberly Mo on Hgw #24 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on highway #24 & 27 (Specify type of place)
While at work? no (e) Means of injury: Auto Collision
23. Signature: H. C. Hufstetler (M. D. or other) Coroner
Address: Moberly Mo Date signed 6-7-41

(Licensed Embalmer's Statement on Reverse Side)

JUN 2 6 1941

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 R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly 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, above space should be left blank.