

FILED AUG 17 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24172

State File No. _____

Registration District No. 233

Primary Registration District No. 5318

Registrar's No. 357

288
000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Crawford
(b) City or town Leasburg *L. State Highway*
(c) Name of hospital or institution: At Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Crawford
(c) City or town Leasburg
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 3rd
year 1942 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from Jan 1
1st 1941 to Mar 3 1942
that I last saw him alive on Mar 1st 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris
Duration _____

Due to _____
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations 948
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 J. J. Sullivan M. D. or other _____
Address Leasburg, Mo. Date signed 3-4-42

3. (a) PRINT FULL NAME William Foster Nixon
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 Married
6. (b) Name of husband or wife Wife 6. (c) Age of husband or wife if alive _____ years
Nellie A. Nixon
7. Birth date of deceased Sept. 10th. 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 5 23 _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Zora Nixon
13. Birthplace Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ellen Avery
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Nellie A. Nixon
(b) Address Leasburg, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3, 5, 1942
(Month) (Day) (Year)
(c) Place: burial or cremation Leasburg, Mo.

18. (a) Signature of funeral director J. J. Sullivan
(b) Address Sullivan, Mo.

19. (a) 3-5-42 (Date received local registrar) (b) J. J. Sullivan M.D. (Registrar's signature)

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.....

J. B. Williams

Licensed Embalmer No. 427

P. O. Address. Sullivan, 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.