

FILED NOV 2, 1942
Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 803

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph

(c) Name of hospital or institution:
1622 Savannah Ave. (Home)

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 months

In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph

(d) Street No. 1622 Savannah Ave.

(If outside city or town limits, write "RURAL")

(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Melvin LeRoi Hixon

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23rd 1942
year 1942 hour 13 minute P. M.

3. (b) If veteran, name war None

3. (c) Social Security No. None

21. I hereby certify that I attended the deceased from Oct 10th 1942 to Oct 23rd 1942
that I last saw him alive on Oct 19th 1942
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced, or none Single

Immmediate cause of death:
Asphyxia
Congenital hydrocephalus

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive, years February 1, 1942 (Month) (Day) (Year)

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

Due to

Other conditions (Include pregnancy within 3 months of death) 157a

9. Birthplace Highland Kansas (City, town, or county) (State or foreign country)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

10. Usual occupation Child

11. Industry or business None

12. Name Harold Hixon

13. Birthplace Highland Kansas (City, town, or county) (State or foreign country)

14. Maiden name Gladys Blakley

15. Birthplace St. Joseph, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Harold Hixon (Father)

(b) Address 1622 Savannah Ave.

17. (a) Burial (b) Date thereof 10/25/42 (Month) (Day) (Year)

(Burial, cremation, or removal) Bethel Cemetery

(c) Place: burial or cremation

18. (a) Signature of funeral director John D. [Signature]

(b) Address 0054 [Address]

19. (a) 10-25-42 (b) Rose [Signature] (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?

While at work? (Specify type of place)

Means of injury

23. Signature Melvin LeRoi Hixon (M. D. or other)

Address King Hill Bldg Date signed 10/24/42

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

MOTHER FATHER

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.....

Myself

Registered Apprentice No.....

working under my personal supervision.

Signed.....

John E. Rupp

Licensed Embalmer No. 3986

6074 Pryor Ave.,
P. O. Address St. Joseph, Missouri

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.