

Filed NOV 12 1942

Registration District No. 318

Primary Registration District No. 2000

Registrar's No. 759

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

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **SPRINGFIELD**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2109 N. MISSOURI.
(If not in hospital or institution, write street number or 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 **Mo.** (b) County **Greene**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **2109 N. Missouri**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **22nd**
year **1942** hour **6** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **7-15-1942** to **10-22-1942**
that I last saw him **live** on **10-20-1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of Liver**
Duration **not known**

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **HLE**

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?

While at work? (Specify type of place) (e) Means of injury _____
23. Signature **[Signature]** (M. D. or other)
Address **Springfield Mo.** Date signed **10-27-42**

3. (a) PRINT FULL NAME **JOHN SIXTA**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **MARY SIXTA** 6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased **May 6 1886**
(Month) (Day) (Year)

8. AGE: Years **56** Months **5** Days **16** If less than one day _____ hr. _____ min.

9. Birthplace **Unknown BOHEMIA**
(City, town, or county) (State or foreign country)

10. Usual occupation **Real estate Salesman**

11. Industry or business **Real Estate**

12. Name **Frank Sixta**

13. Birthplace **Unknown Bohemia**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Sixta**
(b) Address **Springfield Mo.**

17. (a) **Burial** (b) Date thereof **Oct-25-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Green Lawn Cem**

18. (a) Signature of funeral director **J. W. Lingner & Co**
(b) Address **Springfield Mo.**

19. (a) **10-24-42** (b) **[Signature]**
(Date received local registrar) (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 *Max Rhodes*.....

Licensed Embalmer No. *4071*.....

P. O. Address *Springfield*.....

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.