

FILED NOV 11 1942 36

State File No. _____

Registrar's No. 45

Registration District No. 236

Primary Registration District No. 4352

1. PLACE OF DEATH:

(a) County: Morgan
(b) City or town: Versailles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days) 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Morgan
(c) City or town: Rural, near Versailles
(If outside city or town limits, write "RURAL")
(d) Street No. Near Versailles Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

8. (a) PRINT FULL NAME: Alexander Timothy Mixer

8. (b) If veteran, name war: no 8. (c) Social Security No. none

4. Sex: male 5. Color or race: white 6. (a) Single, widowed, married, divorced: 2
6. (b) Name of husband or wife: Maggie Mixer 6. (a) Age of husband or wife if alive: 1 years
7. Birth date of deceased: Oct 23 1860
(Month) (Day) (Year)

8. AGE: Years: 81 Months: 11 Days: 16 If less than one day hr. min.

9. Birthplace: Adams County, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation: farmer

11. Industry or business: retired

MOTHER FATHER { 12. Name: Daniel Mixer
13. Birthplace: Adams County, Illinois
(City, town, or county) (State or foreign country)
14. Maiden name: unknown
15. Birthplace: unknown, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant: X. J. Gunn
(b) Address: Versailles Mo.
17. (a) Burial (b) Date thereof: 10-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Parishville, Can. Pilot Grove
18. (a) Signature of funeral director: Hays + Jantzen
(b) Address: Pilot Grove, Mo.
19. (a) 10-16-1942 (b) Ray B. Schaeffer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16 year 1942 hour 1-40 minute P. M.

21. I hereby certify that I attended the deceased from Feb 15-42 to Oct 16 1942
~~Oct 16 1942~~ to Oct 16 1942
that I last saw him alive on Oct 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Regenerative Heart Disease unknown

Due to: unknown

Due to: _____

Other conditions: 93W
(Include pregnancy within 3 months of death)

Major findings: Of operations: _____

Of autopsy: _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence: 10-16-42
(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: A. J. Gunn (M. D. or other) O. M. D.
Address: Versailles, Mo. Date signed: 10/16/42

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

71
1
0

71

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 11-42-1898

Date Filed 11-9-42

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

working under my personal supervision. _____, Registered Apprentice No. _____

Signed Rayton E. Mayo

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, 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.