

FILED APR 28 1949

Registration District No. 5

Primary Registration District No. 5067

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Iantha Central Tenn.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community 42 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Iantha
(d) Street No.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Rix

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 Hannah Rix 6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 8th, 1870 (Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Sac City, Wisconsin (City, town, or county) (State or foreign country)

10. Usual occupation Garage Owner

11. Industry or business

MOTHER FATHER

12. Name John Rix 13. Birthplace Germany
14. Maiden name Barbara Picketts 15. Birthplace Germany

16. (a) Informant Mrs Hannah Rix (b) Address Iantha, MO.

17. (a) Burial (b) Date thereof 3-24-43 (c) Place: burial or cremation

18. (a) Signature of funeral director River Funeral Home (b) Address Lamar, MO.

19. (a) 3-24-43 (b) Martha River (c) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 22nd year 1943 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from Mar 21, 1943, to Mar 22, 1943; that I last saw him alive on Mar 22, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach Duration

Due to. Due to.

Other conditions no (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).
(b) Date of occurrence.
(c) Where did injury occur?
(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. G. Eddlemon (M. D. or other) Address Liberal Mo Date signed 3/23/43

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

006

RECEIVED

District Health Officer No. 6,

District File Number 443-436

Date Filed APR 2 1943

APR 30 1943

APR 2 1943

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. W. River

Licensed Embalmer No. 3141

P. O. Address Lamar 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.