

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37735

State File No.

FILED DEC 10 1943
Registration District No. 3-812

Primary Registration District No. 3006

Registrar's No. 266

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Boone County Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 8 weeks (Specify whether
In this community 8 Weeks (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. Chatham Hotel
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME FRANCES PIXLEE

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Peter C. Pixlee 6. (c) Age of husband or wife if alive years
7. Birth date of deceased 12 - 31 - 1871
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 4 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Joseph Johnston
13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dudley A. Robnett
(b) Address Columbia, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-6-43
(Month) (Day) (Year)
(c) Place: burial or cremation Liberty, Missouri.

18. (a) Signature of funeral director Parer Funeral Service
(b) Address Columbia, Mo.

19. (a) 11-6-43 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5 year 1943 hour 5:55 minute A. M.

21. I hereby certify that I attended the deceased from Sept 11, 1943 to Nov 5, 1943
that I last saw her alive on Nov 4, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Lymphatic leukemia
Duration 2 mo

Due to 74a

Other conditions (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?.....
(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 E. J. Baskett M.D. (M. D. or other) M.D.
Address Columbia Date signed 11/6/43

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

JAN 14 1945

MAY 28 1945

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No. *4732*

P. O. Address *Columbia, 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.