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No. 2
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5-17-39
X35597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

FILED DEC 8 1943
Registration District No. 1138

Primary Registration District No. 4501

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

1. PLACE OF DEATH:
 (a) County Stoddard
 (b) City or town Bloomfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (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) (Specify whether

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Stoddard
 (c) City or town Rural (If outside city or town limits, write "RURAL")
 (d) Street No. R. F. D. #1 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Columbus Perry Nix
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 6
 year 1943 hour 2 minute 45 P.M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Pearlie Nix 6. (c) Age of husband or wife if alive 37 years
 7. Birth date of deceased Nov. 14, 1904
 (Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
 Immediate cause of death Automobile accident in which he was riding hit a tree
 Duration _____

8. AGE: Years Months Days If less than one day
38 11 25 _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 1706-8
 Major findings: _____
 Of operations _____
 Of autopsy _____

9. Birthplace Winfield Ala. (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

PHYSICIAN
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name Perry Nix
 13. Birthplace Ala. (City, town, or county) (State or foreign country)
 14. Maiden name Ellie Doshier
 15. Birthplace Ala. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearlie Nix
 (b) Address Dexter, Mo.
 17. (a) Removal (b) Date thereof 11-6-43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Winfield, Ala.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence 11-6-43
 (c) Where did injury occur? Bloomfield, Mo. (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, or industrial place, in public place? _____

18. (a) Signature of funeral director Blankenship-Strickland
 (b) Address Dexter, Mo.
 19. (a) 11-8-1943 (b) Paul Edwards
 (Date received local registers) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury 3
 23. Signature Paul Edwards
 Address Bloomfield, Mo. Date signed 11-6-43

RECEIVED

District Health Office No. 2,

District File Number 1243-151

Date Filed 12-6-43

JAN 18 1944

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, W. R. W.

....., Registered Apprentice No.

working under my personal supervision.

Signed J. B. Streetman

Licensed Embalmer No. 3479

P. O. Address Dexter, 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.