

FILED FEB 2 1944
Registration District No. **2**

Primary Registration District No. **3007**

Registrar's No. **38**

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Lumber yard of Desgrange Lmbr. Co.
(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 Missouri (b) County Butler

(c) City or town Rural - Poplar Bluff
(If outside city or town limits, write "RURAL")

(d) Street No. Route 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ike Noel Nixon

(b) If veteran, name war _____

(c) Social Security No. 490-14-0286

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28
year 1944 hour 10:15 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alma Lee Nixon

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased March 28, 1913
(Month) (Day) (Year)

Immediate cause of death Jury verdict -
"--came to his death by a stack of lumber falling on him caused by a truck striking upright timber and causing said stack of lumber to fall. Said truck being driven by Pete Desgrange."

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 30 Months 10 Days 0
If less than one day hr. _____ min. _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Laborer

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence January 28, 1944

(c) Where did injury occur? Desgrange Lumber Co.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial place.

11. Industry or business Saw mill and Lumber Yard

MOTHER FATHER { 12. Name Mont Nixon

13. Birthplace Butler County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Anna Pierce

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

16. (a) Informant Mrs. Alma Lee Nixon

(b) Address Route 4, Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof Feb. 1, '44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cochran Cemetery

While at work? Yes (Specify type of place) Entire body
(e) Means of injury crushed

23. Signature Alfred M. Greer (M. D. or other) Coroner
Address Poplar Bluff, Mo. Date signed 1-29-44

18. (a) Signature of funeral director Greer Croy

(b) Address Poplar Bluff, Missouri

19. (a) 1-29-44 (b) Walter Sturme
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Office No. 2,

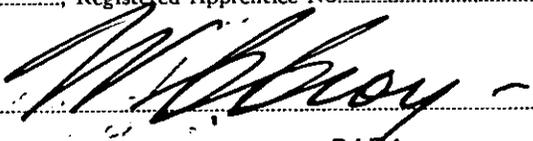
District File Number 244-221

Date Filed 2-3-44

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: 

Licensed Embalmer No. 3474

P. O. Address Poplar Bluff, 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.