

FILED JAN 31 1944

Registration District No. 101

Primary Registration District No. 4173

Registrar's No. 89

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

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava
(If outside city or town limits, write "RURAL" and name of township)
(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 _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town Ava
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John C. Brixey

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Martha Brixey 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased July 6 1853
(Month) (Day) (Year)

8. AGE: Years 90 Months 5 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business None

MOTHER FATHER

12. Name John Brixey

13. Birthplace Unknown Tenn. State 1
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Cardwell

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

16. (a) Informant Edmond O. K. Co

(b) Address Edmond O. K. Co

17. (a) Burial (b) Date thereof 12-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brixey Cem

18. (a) Signature of funeral director Clinkinbeard Funeral H.

(b) Address Ava, Missouri

19. (a) 12-1-1943 (b) Miss J. R. Spurlock
(Date received local registrar) (Registrar's signature)

1056

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10
year 1943 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 3 1943 to only 1943;
that I last saw her alive on Dec 10 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Cornary occlusion Duration _____

Due to _____

Due to _____

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? _____

ME While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. L. Gentry (M. D. or other) _____

Address Ava, MO Date signed 12-14-43

RECEIVED

District Health Officer No. 6,

District File Number 144-113

Date Filed JAN 27 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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed W.B. Hutchins

Licensed Embalmer No. 3431

P. O. Address Over Me

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.