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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 3 1944

Registration District No. 1

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 17127

Registrar's No. 2333

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: K. C. General Hospital No. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 30 days (Specify whether In this community 20 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 4602 Penn (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Isaac Newton Nixon

3. (b) If veteran, name war No

3. (c) Social Security No. 495-DS-6901

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. LOIS FISHER

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased NOVEMBER (Month) 26 (Day) 1875 (Year)

8. AGE: Years 68 | Months 6 | Days 4 | If less than one day ___ hr. ___ min.

9. Birthplace ST. CLAIR COUNTY (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation RETIRED - 2 YEARS

11. Industry or business IRON WORKER

FATHER
12. Name JOHN NIXON
13. Birthplace (City, town, or county) OHIO (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant MRS. LOIS FISHER

(b) Address 4602 PENNSYLVANIA AVE.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 1 1944 (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH CEM

18. (a) Signature of funeral director O. H. Neevcomer Son

(b) Address 1401 - BRUSH CREEK BLVD

19. (a) T. E. Brown (Date received local registrar) (b) 5-31-44 (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month May day 30 year 1944 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 1, 1944, to May 30, 1944; that I last saw him alive on May 30, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rectum c̄ metastases to preaortic nodes and liver.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 46d

Major findings:
Of operations

Of autopsy See above

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. E. Ussher (M. D. or other) M.D.

Address Med. Dir. Gen'l Hosp. Date signed 5-30-44

(Licensed Embalmer's Statement on Reverse Side)

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 Emile M. Culbertson

Licensed Embalmer No. 3506

P. O. Address K C 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.