S. No. 2
M—5-43
v. 5-17-39
o I X36671

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

19503

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20632

FILED JUL 11 1946

Registration District No. ____ Primary Registration District No. 3026 Registrar's No. 209

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: 308 South Grand Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether In this community) 9 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No.: 308 South Grand Avenue 4
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME: NANCY JANE HIXSON

3. (b) If veteran, name war: ---

3. (c) Social Security No.: ---

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: William Hixson

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

7. Birth date of deceased: February 25, 1857
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
89	3	9	____ hr. ____ min.

9. Birthplace: Hamilton County, Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business ____

FATHER
12. Name: Humphrey
13. Birthplace: Tennessee
(City, town, or county) (State or foreign country)

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

16. (a) Informant: Mrs. W.F. Martin

(b) Address: Independence, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-6-46 (Month) (Day) (Year)

(c) Place: burial or cremation: Mound Grove Cemetery

18. (a) Signature of funeral director: Roland W. Peaks

(b) Address: Independence, Missouri

19. (a) June 22 1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4, year 1946 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Feb 17, 1945 to June 4, 1946 that I last saw her alive on June 1st, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary heart disease	1 year
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 940	

Major findings:
Of operations: No operation
Of autopsy: No 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? ____ (Specify type of place)

While at work? ____ (e) Means of injury: 0

23. Signature: C.H. Allen M.D. (M. D. or other)

Address: Independence Mo Date signed: 6-5-46

(Licensed Embalmer's Statement on Reverse Side)

354

JUL 18 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 .....

....., Registered Apprentice No. ....., working under my personal supervision.

Signed Roland R. Speaks

Licensed Embalmer No. 3604

P. O. Address Indep 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.