S. No. 2
M—8-43
7. 5-17-39
BLI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37665
State File No.

FILED DEC 13 1947
Registration District No. 8

Primary Registration District No. 5440

Registrar's No. 75

1. PLACE OF DEATH:
(a) County Gasconade
(b) City or town Canaan Clay Twp.
(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 years, months or days)
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gasconade 37
(c) City or town Canaan 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Laura Alice Nixon
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 C. Nixon
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased December (Month) 23 (Day) 1870 (Year)

8. AGE: Years 76 Months 11 Days 4 If less than one day hr. min.

9. Birthplace Owensville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER 12. Name James Shields
13. Birthplace Unkown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Ellen Hollandsworth
15. Birthplace Unkown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Ida Hahn
(b) Address Owensville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-30-'47 (Month) (Day) (Year)
(c) Place: burial or cremation Union Cem. Bland, Mo.
18. (a) Signature of funeral director Milford H. H. Winter
(b) Address Owensville, Mo.
19. (a) 12-6-47 (Date received local registrar) (b) Dorothy Hackman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27 year 1947 hour minute M.
21. I hereby certify that I attended the deceased from May 1 1946, to 11-27 1947, that I last saw h. alive on 11-27 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Endocarditis	
Due to Hypertension	
Due to Chronic Interstitial Nephritis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ✓
Of autopsy no

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 C. A. Bunge M. D. (M. D. or other)
Address Bland Mo. Date signed 11-29-47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-12-42

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

Harvey Kahle, Registered Apprentice No. 9,

working under my personal supervision.

Signed W. F. Gottenstroeter

Licensed Embalmer No. 1444

P. O. Address Owensville, 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.