

No. 2
12-45
17-39
X47070

Registration District No. 15

Primary Registration District No. 3015

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Camden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
129 Dodge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community 40 yrs (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Lulu Estelle 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 2
6. (b) Name of husband or wife Harvey Nixon 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept 3 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 4 13 hr. min.

9. Birthplace Wilton Junction Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Thomas G. Jones

13. Birthplace no record 9
(City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace no record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Nixon
(b) Address Camden Mo

17. (a) Burial (b) Date thereof 1-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland cemetery

18. (a) Signature of funeral director Poland Funeral Home
(b) Address Camden

19. (a) 1-17-1948 (b) Winfred W. Moser
(Date received local registrar) (Registrar's signature) 200

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25
(c) City or town Camden
(If outside city or town limits, write "RURAL")
(d) Street No. 129 Dodge
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
year 1948 hour 10 30 minute P. M.

21. I hereby certify that I attended the deceased from Jan 13
1948 to Jan 16 19 48
that I last saw her alive on Jan 13 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Venular Heart Disease & hemiparesis
Due to 4 yrs

Due to

Other conditions legisive feetures
(Include pregnancy within 3 months of death)

Major findings:
Of operations 935

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?

While at work? (Specify type of place) Means of injury 0

23. Signature Justus Lewis (M. D. or other)
Address Camden, Mo Date signed 1-17-48

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

SEP 17 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

George D. Trammell

Licensed Embalmer No. *4425*

P. O. Address. *309 1/2 West 3rd*

Cameron, 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.