

S. No. 2  
-12-45  
-7-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5003

State File No. ....

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 849

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: St. Mary's Hospital O  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days  
(Specify whether years, months or days)

In this community 27 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 8

(d) Street No. 3335 Paseo  
(If rural, give location) O

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

If yes, name country.....

3. (a) PRINT FULL NAME Hubert B. NIXON

3. (b) If veteran, name war World War I

3. (c) Social Security No. 488-01-1154

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21  
year 1948 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from 2-17  
1948 to 2-20 1948  
that I last saw him alive on 2-20 1948  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife M. Wilhelmina Nixon

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased November 28, 1893  
(Month) (Day) (Year)

Immediate cause of death

Due to Coronary Artery Thrombosis

Due to

Other conditions Meningo-vascular lesion ?  
(include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

54 2 23 hr. min.

Major findings:  
Of operations 30c

Of autopsy see above

PHYSICIAN

Underline the cause to which death is to be charged statistically.

MOTHER FATHER

9. Birthplace Troy, Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business National Belles Hess Co.

12. Name George B. Nixon

13. Birthplace Orange County, New York  
(City, town, or county) (State or foreign country)

14. Maiden name Ada Davis

15. Birthplace Virginia City, Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. Wilhelmina Nixon

(b) Address 3335 Paseo, K. C., Mo.

17. (a) Burial (b) Date thereof 2-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 2-24-48 (b) St. Pauline Holmes  
(Date received local registrar) (Registrar's signature)

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? Michael Bernette (Specify type of place) Means of injury M.I.

23. Signature Michael Bernette (M. D. or other) M.I.  
Address 436 Professional Bldg Date signed 2-23-48  
Kansas City, Mo.

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

Dr. Michael Berninger  
436 Prof. Bldg.  
436

MADE IN U.S.A.

**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.....

*[Handwritten Signature]*  
.....  
Licensed Embalmer No.....

P. O. Address.....

**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.