S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5527

FILED FEB 19 1948

Registration District No. 211

Primary Registration District No. 5777

Registrar's No. 1-48

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Tuscumbia (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(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 All Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Miller 66
(c) City or town Tuscumbia (Rural) 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 Otto Bismark Nixdorf
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Moranda Flouerence
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased March (Month) 12 (Day) 1870 (Year)

8. AGE: Years 77 Months 9 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace Pleasant Farm (City, town, or county) Mo (State or foreign country) 6
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Antone Paul Nixdorf
13. Birthplace Prussia Germany (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name Minnie Moelee
15. Birthplace Breslau Germany (City, town, or county) (State or foreign country) 4
16. (a) Informant Charley Nixdorf
(b) Address Iberia (Rural) Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Zion Cemetery
18. (a) Signature of funeral director Walter D. Hedge
(b) Address Iberia, Missouri
19. (a) Jan. 31 - 1948 (Date received local registrar) (b) Mrs. Richard L. Wright (Registrar's signature) 201

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10th
year 1948 hour 9 minute P M.
21. I hereby certify that I attended the deceased from October, 1947 to Jan 10, 1948
that I last saw him alive on Jan 10, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Embalism	6 hrs
Due to Thrombophlebitis from Prostatectomy	8 wks.
Due to Pernicious Anemia	years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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) 2
While at work? (e) Means of injury
23. Signature M. E. Humphreys (M. D. or other) DO
Address Tuscumbia, Mo. Date signed 1-12-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed FEB 18 1948

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 Walter P. Hedges, Registered Apprentice No. ....., working under my personal supervision.

Signed Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Iberia, 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.