No. 300
—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 12 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8579

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1318

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: 1001 E. 11th Apt. 304
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ~~9½ weeks~~ (Specify whether
In this community 25 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 47

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

(d) Street No. 1001 E. 11th
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Bixby, Chas. Roy

3. (b) If veteran, name war no

3. (c) Social Security No. 495-07-0407

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife Jo Anne Stahl

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased 3 (Month) 19 (Day) 1888 (Year)

8. AGE: Years 60 Months 0 Days ~~4~~ 6 If less than one day hr. min.

9. Birthplace Brunswick (City, town, or county) Mo (State or foreign country)

10. Usual occupation Kansas City Club

11. Industry or business

FATHER
12. Name James Riley Bixby
13. Birthplace Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mrs. Ann Furman
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roy Bixby
(b) Address 1001 E. 11th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director John P. Sheil
(b) Address K. C. Mo.

19. (a) 3-26-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1948 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from February 29, 1948 to March 25, 1948 that I last saw him alive on March 25, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage - right side.	2 days
Due to acute ulcerative endocarditis	?
Due to Bilateral labor pneumonia	?
Other conditions cystitis (Include pregnancy within 3 months of death)	?

Major findings:
Of operations 108

Of autopsy ① right Cerebral hemorrhage
② acute ulcerative endocarditis
③ Bilateral labor pneumonia

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 2

23. Signature Milton S. Steinberg (M.D. or other) D.O.
Address 926 E. 11th St. K.C. Mo. Date signed 3-26-48

(Licensed Embalmer's Statement on Reverse Side)

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 Charles May Fried, Registered Apprentice No. 18, working under my personal supervision.

Signed John P. Shiel

Licensed Embalmer No. 3625

P. O. Address Kansas City, 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.