. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 2 1948
Registration District No. 294

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3056

State File No. 17237
Registrar's No. 142

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

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 702 Burkholder 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph 88
(c) City or town Moberly 6
(If outside city or town limits, write "RURAL")
(d) Street No. 702 Burkholder 3
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Thomas Nixon
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Nov (Month) 4th (Day) 1873 (Year)

8. AGE: Years 74 Months 6 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Retired
11. Industry or business .....
FATHER
12. Name No data 9
13. Birthplace " 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name " 9
15. Birthplace " (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Earl Bagby
(b) Address Moberly Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Macon. Mo
18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo
19. (a) May 28-48 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature) 71-4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1948 hour 5 minute 55 a.m.

21. I hereby certify that I attended the deceased from May 25th 1948 to May 26 1948 that I last saw him alive on May 25 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	24 hr
Due to Myocarditis and Coronary damage } undeterminable	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93	
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)
While at work? ..... (e) Means of injury .....

23. Signature Benj. S. Jolly Jr. (M. D. or other)
Address 203½ N Clark Moberly Date signed 5-26-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JAN 11 1949

RECEIVED
District Health Officer No. 10
District File Number 648-976
Date Filed JAN 1 - 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 _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Frank D. D'Witt

Licensed Embalmer No. 3021

P. O. Address Mobeely, 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.