

FILED JUL 13 1948

Registration District No. 391

Primary Registration District No. 4504

State File No.

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Stoddard  
(b) City or town Advance  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Residence years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard  
(c) City or town Advance 103  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GEORGE WASHINGTON PIXLEY

(b) If veteran, name war none (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Ida Mae Pixley 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased: Oct 5, 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 2 27 hr. min.

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

10. Usual occupation Retired farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Jerry Pixley  
13. Birthplace \_\_\_\_\_ (City, town or county) (State or foreign country)  
14. Maiden name Mary  
15. Birthplace \_\_\_\_\_ (City, town or county) (State or foreign country)

16. (a) Informant Wm. Pixley  
(b) Address Advance, Mo.

17. (a) Burial (b) Date thereof Jan. 4, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morgan Memorial Park

18. (a) Signature of funeral director Clay S. Morgan  
(b) Address Advance, Mo.

19. (a) 6-30-48 (b) Bennie Moore  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2  
year 1948 hour 11 minute 25 AM

21. I hereby certify that I attended the deceased from Dec 3  
1947 to Jan 2 1948  
that I last saw him or alive on Dec 3 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Due to Myocarditis  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy 93E

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) (e) Means of injury \_\_\_\_\_  
23. Signature Wm. Dwyer (M. D. or other) MD  
Address Allenville Date signed \_\_\_\_\_

Duration  
8  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Office No  
District File Number 248-  
Date Filed 2-12

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.....

*Lloyd S. Morgan, Jr.*..... Registered Apprentice No. *430*  
working under my personal supervision.

Signed *Lloyd S. Morgan*  
Licensed Embalmer No. *3364*

P. O. Address *Advocate, 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.