

FILED JUN 5 1946

STANDARD CERTIFICATE OF DEATH

State File No. 16463

Registration District No. 122

Primary Registration District No. 4218

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 205 North Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 years (Specify whether years, months or days)

In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42

(c) City or town Windsor, 2
(If outside city or town limits, write "RURAL")

(d) Street No. 205 North Street, 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Eva May Hix

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F / 5. Color of race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife G.M. Hix 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 12, 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	10	19	hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31st year 1946 hour 9 minute 0 a.m. M.

21. I hereby certify that I attended the deceased from May 1, 1944, to Mar - 28, 1946; that I last saw him alive on Mar - 28, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to _____

Due to _____

Other conditions 1/32
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace Johnson County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business " "

12. Name Unknown

13. Birthplace " "
(City, town, or county) (State or foreign country)

14. Maiden name " "

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

16. (a) Informant Miss Laura Hix
(b) Address Windsor, Missouri

17. (a) burial (b) Date thereof 3-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Windsor, Missouri

18. (a) Signature of funeral director Pluston-Turner
(b) Address Windsor, Mo

19. (a) 5-11-44 (b) A. V. Kennedy
(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? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. H. Hix (M. D. or D. O.) 200
Address Windsor, Mo Date signed 5/17/46

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

2
2
0

10043

122

RECEIVED

DEPARTMENT OF HEALTH Officer No.

5-46-491

Date Filed

6-4-46

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 Edwill Keston

Licensed Embalmer No. 3391

P. O. Address Winter Park

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.