

MED APR 22 1940

Primary Registration District No. 2001Registrar's No. 279

1. PLACE OF DEATH:

- (a) County Greene
 (b) City or town Springfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Johns Hospital
 (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 days3. (a) PRINT FULL NAME Edson Kingham Bixby

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married6. (b) Name of husband or wife Martha Bames Bixby 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased April 7, 1887
(Month) (Day) (Year)8. AGE: Years 52 Months 11 Days 10 If less than one day _____ hr. _____ min.9. Birthplace Red Wing, Minn. (City, town, or county) (State or foreign country)10. Usual occupation Editor11. Industry or business Newspaper12. Name Jarno Bixby18. Birthplace Stantons, Va. (City, town, or county) (State or foreign country)14. Maiden name Clara Moss15. Birthplace Hastings, Minn. (City, town, or county) (State or foreign country)16. (a) Informant's own signature Clara Bixby(b) Address Springfield, Mo.17. (a) Removal (b) Date thereof 9-20-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Red Wing, Minn.18. (a) Signature of funeral director Alfred J. Schmeyer
(b) Address Springfield, Mo.19. (a) 3120 4th (b) Chas. F. Rogers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Greene
 (c) City or town Springfield, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0 Kentwood - Arms Hotel
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1940 hour 2:30 minute P. M.21. I hereby certify that I attended the deceased from Mar 1 - 1940
_____, 19____, to Mar 17, 1940
that I last saw him alive on Mar 17, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Myocarditis - Chronic Duration 3 yrsDue to Arterio-sclerosisDue to A3C

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations noneOf autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Acc

(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? _____

(e) Means of injury _____ (Specify type of place)

23. Signature Francis P. Camp (M. D. or other) _____Address Springfield Date signed Mar 18 1940

NOV 4 1944

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.....

C. C. George....., Registered Apprentice No. *204*
working under my personal supervision.

Signed..... *Lewis G. Schaff*.....

Licensed Embalmer No. *3802*.....

P. O. Address *City*.....

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, above space should be left blank.

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