

STANDARD CERTIFICATE OF DEATH

State File No. 42497

FILED JAN 10 1941

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 964

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

1. PLACE OF DEATH: **GREENE**

(a) County Greene

(b) City or town Springfield

(c) Name of hospital or institution: Kentwood Arms Hotel
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution eight months
(Specify whether years, months or days) 0

3. (a) PRINT FULL NAME Joel H. Bixby

3. (b) If veteran, name war World

3. (c) Social Security No. 443-07-6884

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Grace Bixby

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased November 30 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	<u>52</u>	<u>0</u>	<u>1</u>	hr. _____ min.

9. Birthplace Red Wing Minnesota
(City, town, or county) (State or foreign country)

10. Usual occupation Newspaper Publisher

11. Industry or business Newspaper

12. Name Tams Bixby

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

14. Maiden name Clara Wues

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

16. (a) Informant Tams Bixby

(b) Address Muskogee, Oklahoma

17. (a) Removal (b) Date thereof Dec. 2, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Red Wing, Minn

18. (a) Signature of funeral director H. H. Lohmeyer

(b) Address Springfield, Missouri

19. (a) 12-2-40 (b) W. E. Handley M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 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 Dec. 1 day _____
year 1940 hour 10:30 minute _____ A.M.

21. I hereby certify that I attended the deceased from Nov. 11, 1940, to Dec. 1, 1940;
that I last saw him alive on Nov. 26, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Duration Sudden death

Due to 1st AFib

Due to _____

Other conditions Previous Thrombosis, May 1940
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? at home

While at work _____ (Specify type of place)

(e) Signature Francis B. Camp (M. D. or other) M.D.

Address Springfield, Mo. Date signed Dec 2-40

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

L. Doolin Gorman

Licensed Embalmer No.

3177

P. O. Address

Springfield, 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.