

0. 2
4-41
7-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31060**

FILLED OCT 10 1941

Registration District No. _____

Primary Registration District No. **1001**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5318 Sawyer
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 53 years (Specify whether years, months or days)

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William M. Nixon
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: July 31 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 1 4 hr. min.

9. Birthplace Page County Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Peter Bebout
13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Ridgley
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. E. Drummond
(b) Address 5318 Sawyer St. St. Joseph, Mo.

17. (a) Burial (b) Date thereof Sept. 8 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery St. Joseph, Mo.

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon St. St. Joseph, Mo.

19. (a) 9-8-1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 5318 Sawyer Street.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 5th
year 1941 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from 7-15-41
19 _____ to 9-5 19 41
that I last saw her alive on September 5 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to Senility
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature [Signature] (M. D. or other) D.O.
Address 823 Faraon St. St. Joseph Date signed 9-8-41

(Licensed Embalmer's Statement on Reverse Side)

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

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 Maeta Meinhopper, Registered Apprentice No. 302 working under my personal supervision.

Signed Oby Jester
Licensed Embalmer No. 4154
P. O. Address St. Joseph, 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.