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X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 13 1941

MISSOURI STATE BOARD OF HEALTH #17

STANDARD CERTIFICATE OF DEATH

State File No. 39611

Registration District No. 799 Primary Registration District No. 4479 Registrar's No. 37

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Slater Tim
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 years (Specify whether
In this community 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline 097 3
(c) City or town Slater 1
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Ray Thixton
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male 2
5. Color or race Black
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mattie
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased May-29-1887 (Month) (Day) (Year)

8. AGE: Years 54 Months 5 Days 29 If less than one day hr. min.

9. Birthplace Glasgow (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Laborer
11. Industry or business None
FATHER
12. Name Geo. Thixton
13. Birthplace Glasgow (City, town, or county) Mo 0 (State or foreign country)
MOTHER
14. Maiden name Don't Know Don't Know
15. Birthplace Don't Know (City, town, or county) Don't Know (State or foreign country)
16. (a) Informant Mabel Thixton
(b) Address Slater Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov, 30, 41 (Month) (Day) (Year)
(c) Place: burial or cremation Glasgow Mo
18. (a) Signature of funeral director Jones and Salzer
(b) Address Slater Mo.
19. (a) 11-28-41 (Date received local registrar) (b) Ella Alexander (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 28-41 day
year hour 5 minute 20 a. M.
21. I hereby certify that I attended the deceased from Nov. 24, 1941, to Nov. 28, 1941;
that I last saw him alive on Nov. 28, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Bladder	6 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

52b

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature C. A. McBurney (M. D. or other) 0
Address Slater, Mo. Date signed 11/28/41

708 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-16-41

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 Herman Salzer

Licensed Embalmer No. 1831

P. O. Address Slaton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.