

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

7245 6  
Do not use this space.

MAR 16 1942

1. PLACE OF DEATH  
 (a) County Marion Registration District No. 548  
 (b) Township Liberty Primary Registration District No. 43-23, 514 Registered No. 21  
 (c) or City Marion County Hospital St.  
 (d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 11 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 0 yrs. mos. ds.

2. PRINT FULL NAME Edward Bixler  
 (a) Residence, No. Palmyra, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>74</u>	<u>5</u>	<u>26</u>	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

FATHER  
 13. NAME Charles Bixler  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

MOTHER  
 15. MAIDEN NAME Susan Thompson  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) St. Drake Co. Hospital Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Palmyra, Mo. Palmyra Cem. DATE 3/4/42

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lewis Bros Palmyra, Mo.

20. FILED 3/4/42 1942 Mrs Margaret Maddox Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 1942

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1942 to Feb, 1942  
 I last saw him alive on Feb 30, 1942 Death is said to have occurred on the date stated above, at 10:30 a. m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis Date of onset 4-5-38

Other contributory causes of importance: 938

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify Chronic Myocarditis, M. D.  
 (Signed) J. H. Stoll (Address) Palmyra Mo

(Licensed Embalmer's Statement on Reverse Side)

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**