

FILED MAY 11 1942
Registration District No.

Primary Registration District No. 5758

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

1. PLACE OF DEATH: *Miller Equalizer, Mo*
 (a) County *Miller Equalizer, Mo*
 (b) City or town *Lussumbia rural*
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: *Barnes Hospital*
 (If in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution *2 mo 2 da*
 In this community *entire life* (Specify whether years, months or days)

3. (a) PRINT FULL NAME *Lydia Bear (Nixdorf)*
 3. (b) If veteran, name war *no*
 3. (c) Social Security No. *no*

4. Sex *F* 5. Color or race *W*
 6. (a) Single, widowed, married, divorced *in*
 6. (b) Name of husband or wife *Victor Nixdorf*
 6. (c) Age of husband or wife if alive *59* years
 7. Birth date of deceased *August 3 1885*
 (Month) (Day) (Year)

8. AGE: Years *56* Months *8* Days *29*
 If less than one day hr. min.

9. Birthplace *London Ohio*
 (City, town, or county) (State or foreign country)

10. Usual occupation *housewife*

11. Industry or business *none*

12. Name *George Bear*
 13. Birthplace *Unknown Ohio*
 (City, town, or county) (State or foreign country)
 14. Maiden name *Jenny C. Garris*
 15. Birthplace *London Ohio*
 (City, town, or county) (State or foreign country)

16. (a) Informant *Victor Nixdorf*
 (b) Address *Lussumbia*

17. (a) *Burial* (b) Date thereof *May 3 42*
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Bear Cemetery*

18. (a) Signature of funeral director *Walter P. Hedges*
 (b) Address *Liberia, Mo*

19. (a) *May 3 1942* (b) *H. C. Wright*
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State *Mo* (b) County *Miller Mo*
 (c) City or town *Lussumbia, Rural*
 (If outside city or town limits, write "RURAL")
 (d) Street No. *3 mi. S.E. of Lussumbia*
 (If rural, give location)
 (e) Citizen of foreign country? *no* (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month *May* day *1*
 year *1942* hour *9* minute *45 A.M.*
 21. I hereby certify that I attended the deceased from *Sept*
1941 to *May 1 1942*
 that I last saw h. *u* alive on *May 1 1942*
 and that death occurred on the date and hour stated above.

Immediate cause of death *Carcinoma originating in left kidney with metastasis to Mediastinum, Lung*
 Due to *metastasis to Mediastinum, Lung*
 Due to *52a*
 Other conditions (include pregnancy within 3 months of death)

Major findings: *Hypoglycemia with metastasis*
 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? _____
 While at work? _____ (Specify type of place) _____
 (e) Means of injury _____
 23. Signature *M. E. Humphrey* (M. D. or other) *DO*
 Address *Lussumbia Mo* Date signed *5/3/42*

RECEIVED

Miller County Health Dept

County File Number

42-39

Date Filed

5/9/42

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.....

Walter P. Hedges

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Walter P. Hedges

Licensed Embalmer No.....

4265

P. O. Address.....

Theriac, 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.