

No. 2
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5-17-39
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FILED FEB 28 1946
Registration District No. **537**

Primary Registration District No. **6139**

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

1. PLACE OF DEATH:

(a) County Shelby
 (b) City or town Shelbyville - Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Black Creek Hosp
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community 49 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby/02
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME PERRY Phillip Mix
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Minnie Belle Mix
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct 13 - 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>3</u>	<u>6</u>	hr. _____ min. _____

9. Birthplace: Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation: _____

11. Industry or business: Farming

MOTHER FATHER

12. Name Perry Phillip Mix
 13. Birthplace Emersville Ind
(City, town, or county) (State or foreign country)
 14. Maiden name Nancy Craig
 15. Birthplace Ind
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Minnie Mix
 (b) Address Shelbyville, Mo

17. (a) Burial (b) Date thereof Jan 21 - 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation L.O.O.F. Cemetery
 18. (a) Signature of funeral director E.P. Thompson

(b) Address Shelbyville, Mo
 19. (a) Jan 29-46 (b) Ruth Jaeger
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19
 year 1946 hour 12.50 minute A M.

21. I hereby certify that I attended the deceased from
Jan. 16, 1946, to Jan 19, 1946;
 that I last saw him alive on Jan 19, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Prostate Gland
 Duration 2 yrs

Due to _____
 Due to _____

Other conditions 5/20
(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 _____
 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 plate) (Means of injury)
 23. Signature Ruth Jaeger (M. D. or other) 50
 Address Bothel Mo. Date signed Jan 21/46

RECEIVED

District Health Officer No. 19

District File Number 2-46-270

Date Filed FEB-25-1946

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.....

Myself

Registered Apprentice No.....

working under my personal supervision.

Signed..... *E. P. Thompson*

Licensed Embalmer No. 1632

P. O. Address..... *Shelbyville, 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.