

FILED APR 2 1947
 Registration District No. **209**

Primary Registration District No. **5764 4561** Registrar's No. **15**

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

1. PLACE OF DEATH:
 (a) County **MARION**
 (b) City or town **MONROE CITY**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
806 N. Main St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **63 Yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MISSOURI** (b) County **MARION**
 (c) City or town **MONROE CITY**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **806 N. Main St**
 (If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **CLARENCE LEE BIXLER**
3. (b) If veteran, name war _____ **3. (c) Social Security No.** **492-28-1546**

4. Sex **MALE** **5. Color or race** **WHITE** **6. (a) Single, widowed, married, divorced** **MARRIED**
6. (b) Name of husband or wife **ESTER L.** **6. (c) Age of husband or wife if alive** **60** years
7. Birth date of deceased **MAY 15 1883**
 (Month) (Day) (Year)

8. AGE: Years **63** Months **9** Days **0** If less than one day hr. min.

9. Birthplace **MARION COUNTY MISSOURI**
 (City, town, or county) (State or foreign country)

10. Usual occupation **CARPENTER**

11. Industry or business _____

MOTHER FATHER
12. Name **JOHN BIXLER**
13. Birthplace **LEWIS COUNTY MISSOURI**
 (City, town, or county) (State or foreign country)
14. Maiden name **CATHERINE CORDER**
15. Birthplace **MARION COUNTY MISSOURI**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Ester L Bixler**
(b) Address **Monroe City, Mo**

17. (a) BURIAL (Burial, cremation, or removal) **(b) Date thereof** **FEBY 17/47**
 (Month) (Day) (Year)
(c) Place: burial or cremation **St. JUDES, MONROE CITY**

18. (a) Signature of funeral director **WILSON & SONS**
(b) Address **MONROE CITY, MO**

19. (a) 2-18-1947 (Date received local registrar) **(b) Viola Lee, Deputy** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEBRUARY** day **15** year **1947** hour **2** minute **45** P.M.

21. I hereby certify that I attended the deceased from **JAN 11**, 19**47**, to **FEB 15**, 19**47**
that I last saw him alive on **FEB 14**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **CORONARY THROMBOSIS 3 MIN**
 Due to _____
 Due to _____

Other conditions **CHRONIC VALVULAR HEART DISEASE**
 (Include pregnancy within 3 months of death)

Major findings: **CHRONIC VALVULAR HEART DISEASE**
 Of operations _____
 Of autopsy _____

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 **John H. White** (M. D. or other) _____
Address **Monroe City, MO** **Date signed** **2/17/47**

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APR 2 1967

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Lester L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.