

S. No. 2
1-9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 5 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7701

State File No.

Registration District No.

Primary Registration District No. 4012

Registrar's No.

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

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Atchison
 (c) City or town Rock Port.
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

3. (a) PRINT William Alfred Nixon
 FULL NAME
 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 6. (c) Age of husband or wife if alive 81 years
 7. Birth date of deceased Feb. 14 1863
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 0 14 hr. min.

9. Birthplace Troy Kansas
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired
 11. Industry or business Metal Worker

12. Name Joseph Nixon
 13. Birthplace Unknown X
 (City, town, or county) (State or foreign country)
 14. Maiden name
 15. Birthplace Unknown N.Y.
 (City, town, or county) (State or foreign country)

16. (a) Informant Jas. T. Nixon
 (b) Address Rock Port. Mo.,
 17. (a) Burial (b) Date thereof 3/1/1948
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Green Hills Cem.

18. (a) Signature of funeral director Bartholomew Mortuary
Rock Port. Mo.,
 (b) Address
 19. (a) 3-1-48 (b) Betty Crabtree
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27 (27) year 1948 hour 10 minute P. M.
 21. I hereby certify that I attended the deceased from Feb 15 1948 to Feb 28 1948
 that I last saw him alive on Feb 27 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death
Arteriosclerotic heart disease with auricular fibrillation & supraventricular dilatation & infarct.
 Due to arteriosclerosis, coronary
 Other conditions arteriosclerotic cerebral degeneration
 (Include pregnancy within 3 months of death)
 Major findings: 93P
 Of operations
 Of autopsy

Duration
3 wks.
10 yr.
1 yr.
 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) Means of injury
 23. Signature James White (M. D. or other)
 Address Rock Port, Mo. Date signed Mar 18

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

Grady Burchlow

Licensed Embalmer No. *3173*

P. O. Address

Rock Port, 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.