

Registration District No. 261

Primary Registration District No. 4456

1. PLACE OF DEATH:

(a) County St. Clair  
(b) City or town Appleton City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Ellor Hospital  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution 1 day (Specify whether)

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME BRILEY, RABIE DIXSON

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Willie Bailey 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Oct 28, 1896  
(Month) (Day) (Year)

8. AGE: Years 44 Months 4 Days 16 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace near Paperville, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER  
12. Name Frank Dixon  
13. Birthplace Scott Co. Ill (City, town, or county) (State or foreign country)  
14. Maiden name Effie House  
15. Birthplace Pike Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Willie Bailey  
(b) Address Schell city, Mo.

17. (a) Burial (b) Date thereof Mar. 16, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Road Prairie Baptist Church

18. (a) Signature of funeral director Paul Lewis  
(b) Address Schell city, Mo.

19. (a) Mar. 15, 1940 (b) V. C. H. Mey  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon  
(c) City or town Schell city  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0 (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14  
year 1940 hour 5:00 minute 0 M.

21. I hereby certify that I attended the deceased from March 13, 1940, to March 14, 1940;

that I last saw him alive on March 14, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, lobes left.

Due to \_\_\_\_\_

Due to 100

Other conditions (include pregnancy within 3 months of death)

Major findings: 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 W. H. [unclear] (M. D. or other) \_\_\_\_\_  
Address Appleton city, Mo. Date signed 3-15-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED Officer No. 7,  
District Health 4-40-622  
District File Number 4-9-40  
Filed

**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 Marion M. Lewis  
Licensed Embalmer No. 3084  
P. O. Address Schell 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, above space should be left blank.