DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1941
318

Registration District No. _____

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5440

State File No. 2660

Registrar's No. 76

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

1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Med. Center for Fed. Prisoners
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (H) (Specify whether years, months or days)
In this community 7 Days

2. USUAL RESIDENCE OF DEACESED:
(a) State: Missouri (b) County: 39
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 0
(d) Street No.: Unknown (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME: Charles H. Dixon
3. (b) If veteran, name war: None
3. (c) Social Security No.: Unknown
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive: XX years
7. Birth date of deceased: December (Month) 8, (Day) 1901 (Year)

8. AGE: Years	Months	Days	If less than one day
39	1	19	hr. ____ min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Clerk
11. Industry or business: _____
MOTHER FATHER
12. Name: Jacob Dixon
13. Birthplace: Unknown (City, town, or county) Minnesota (State or foreign country) 1
14. Maiden name: Myrtle Unknown
15. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant: Deceased
(b) Address: _____
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/29/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Springfield, Missouri
18. (a) Signature of funeral director: Alma Lohmeyer Funeral Home
(b) Address: Springfield, Missouri
19. (a) 1-29-41. (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27, year 1941 hour 12:Noon minute _____ M.
21. I hereby certify that I attended the deceased from Jan. 21, 1941, to Jan. 27, 1941; that I last saw him alive on Jan. 27, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Cirrhosis, liver.	Duration
Due to:	
Due to:	
Other conditions: Hemorrhage, secondary (Include pregnancy within 3 months of death)	

Major findings:
Of operations: _____
Of autopsy: Marked cirrhosis of the liver with blood in stomach.

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? (Specify type of place)
While at work? _____ (e) Means of injury: _____
23. Signature: H. Dacyguesser M. D. Address: U.S. Med Center Springfield Date signed 1/27/41

(Licensed Embalmer's Statement on Reverse Side)

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 Harlow Knabb

Licensed Embalmer No. 4065

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.