

Registration District No. **104**

Primary Registration District No. **3008**

Registrar's No. **276**

14
 12

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

1. PLACE OF DEATH:
 (a) County Callaway
 (b) City or town Fullon City
 (c) Name of hospital or institution State Hspth No 1 2
 (If not in hospital or institution write street number or location)
 (d) Length of stay: In hospital or institution 2 1/2 hr 3d
 (Specify whether
 In this community _____
 years, months or days)

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

3. (a) PRINT FULL NAME Ursula F. Dix
 (b) If veteran, name war no (c) Social Security No. 8K

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 14
 year 1941 hour 11 minute 9 M.

4. Sex F 1 5. Color or race W
 6. (a) Single, widowed, married, divorced single D
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
Oct 13, 1941, to Oct 14, 1941;
 that I last saw her alive on Oct 14, 1941;
 and that death occurred on the date and hour stated above.

7. Birth date of deceased Jan
 (Month) (Day) (Year)
8. AGE: Years 50 Months 8 Days 11 If less than one day
 hr. _____ min.

Immediate cause of death Myocarditis **Duration** 3 mo
 Due to Schule Psychosis 7 yrs
 Due to _____

9. Birthplace Warren Co Mo 0
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
93

10. Usual occupation hairdresser
11. Industry or business _____
12. Name Hatter Dix
13. Birthplace Va (State or foreign country)
14. Maiden name Catharine Dyke
15. Birthplace Mo (State or foreign country)

Major findings: _____
 Of operations _____
Of autopsy _____

16. (a) Informant Record
 (b) Address Removal
17. (a) ~~Burial~~ (b) Date thereof Oct 14, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Warrenton Mo Bur

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?

18. (a) Signature of funeral director [Signature]
 (b) Address Montgomery City Mo
19. (a) Oct 14, 1941 (b) R. N. Crews
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury _____
23. Signature [Signature] (M. D. or other) D
 Address Fullon Date signed 10/14/41

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 another
14 days Oct 1941, Registered Apprentice No. _____,
working under my personal supervision.

Signed C. J. Poppin
Licensed Embalmer No. 1489
P. O. Address Montgomery City

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.