

DEC 29 1941

Registration District No. 72

Primary Registration District No. 4041

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Centralia, Mo  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME BENJAMIN HOWARD DIXON

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

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

6. (b) Name of husband or wife Belle Dixon 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased MAR 1 1865  
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation labor

11. Industry or business \_\_\_\_\_

12. Name JOSEPHUS DIXON

13. Birthplace Don't know  
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know  
(City, town, or county) (State or foreign country)

16. (a) Informant Belle Dixon

(b) Address Centralia Mo

17. (a) Buried (b) Date thereof 11-21-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia Cemetery

18. (a) Signature of funeral director W. H. Borden  
(b) Address Centralia Mo

19. (a) 12/31/41 (b) W. H. Borden  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19  
year 1941 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from Nov. 10<sup>th</sup>, 1941, to 11/19/41, 1941; that I last saw him alive on 11/19/41, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive pneumonia

Due to Cerebral hemorrhage

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations g3a  
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. Borden (M.D. or other) \_\_\_\_\_  
Address Centralia Mo Date signed 11/27/41

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

MOTHER FATHER

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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 *M. J. McHarris*

Licensed Embalmer No. *2589*

P. O. Address *Centerville, 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.