

FILED MAY 4 1942

Registration District No. **784**

Primary Registration District No. **2nd**

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

1. PLACE OF DEATH:

(a) County **Lemay Mo.**

(b) City or town **Lemay**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
636 BELLSWORTH DRIVE.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** County **96**

(c) City or town **Lemay**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. **636 Bellsworth Drive.**
(If rural, give location) **0**

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **CHRISTINA DIXON**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH: Month **April** day **23**
year **1942** hour **5:10 A.M.** minute _____ M.

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Louis Dixon**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **April 6th 1859**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 23** 19**42** to **Apr 33** 19**42**
that I last saw him alive on **Apr 22** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** **10 days**

Due to **Chronic Myocarditis**
Hypertension

Due to **Chronic Nephritis** **74 yrs**

Other conditions **131K**
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
83			17	hr. _____ min. _____

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **Housewife.**

12. Name **James Dixon**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ada Williams**

(b) Address **636 Bellsworth Drive.**

17. (a) **Burial** (b) Date thereof **April 25, 42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SEASET PARK**

18. (a) Signature of funeral director **Howe J. H. & Son**

(b) Address **2906 Gravois Ave.**

19. (a) **APR 24 1942** (b) **C. A. Mc. Hansen**
(Date received local registrar) (Registrar's signature)

Major findings: **131K**

Of operations _____

Of autopsy **none**

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? **X**

While at work? _____ (Specify type of place)
(c) Means of injury **2**

23. Signature **J. G. White** (M. D. or other) **D.O.**
Address **758 Lemay Perry Rd** Date signed **4-24-42**

707

Dr White /
728 Remedy Ferry
130 300 P.M.

NOV 12 1902

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.....

David Van Fossan

....., Registered Apprentice No.....

working under my personal supervision.

Signed *David Van Fossan*

Licensed Embalmer No. *4242*

P. O. Address *2906 Harrison Ave*

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.