S. No. 2
M—5-42
. 5-17-39
5 I X32073

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 18 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28660

State File No. 7554

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 70

(a) State Missouri (b) County Montgomery
(c) City or town Mineola N.R.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nettie Viola Dixon

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ben

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased March (Month) 20 (Day) 1871 (Year)

8. AGE: Years 71 Months 5 Days 19 If less than one day hr. min.

9. Birthplace Americus, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Gentry
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Cundiff
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Edward Dixon
(b) Address Mineola, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/12/42 (Month) (Day) (Year)
(c) Place: burial or cremation Montgomery City, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Ave.

19. (a) SEP 10 1942 (Date received local registrar) (b) J. J. Bruck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9th year 1942 hour minute M.

21. I hereby certify that I attended the deceased from Sept 8th, 1942 to Sept 9th 42, 19..; that I last saw her alive on Sept 9th 42, 19.. and that death occurred on the date and hour stated above.

Immediate cause of death Femoral hernia with obstruction and strangulation of the small intestine — Duration 48-72 hrs.

Due to

Due to

Other conditions Chronic Cholecystitis
(Include pregnancy within 3 months of death)

Major findings: Of operations Strangulated Femoral Hernia

Of autopsy

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 J. M. McCaughan M.D.
Address Humbrecht Bldg St. Louis Mo. Date signed 9-10-42

(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 Wilford G Burnley

Licensed Embalmer No. 4202

P. O. Address St Louis 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.