

FILED FEB 25 1943

Registration District No. **149** Primary Registration District No. **1802**

1. PLACE OF DEATH:

(a) County **Jackson**
Kansas City

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

(c) Name of hospital or institution: **Conley Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 days**
17 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **2411 Jackson Ave.**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **Minnie Ethel Dixon**

3. (b) If veteran, name war.....

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 **Otto Dixon** 6. (c) Age of husband or wife if alive **43** years

7. Birth date of deceased **April 26 1893**
(Month) (Day) (Year)

8. AGE: **49** Years **9** Months **6** Days If less than one day hr. min.

9. Birthplace **Oregon** (City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Fred Zehm**

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

14. Maiden name **Binnie Harris** (City, town, or county) (State or foreign country)

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

16. (a) Informant **Otto Dixon**
(b) Address **2411 Jackson**

17. (a) **Mt Wash. Cem** (Burial, cremation or removal) (b) Date thereof **Feb. 4, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Washington**

18. (a) Signature of funeral director **Rose & Henderson**
15th. Jackson
(b) Address

19. (a) **2-3-43** (Date received local registrar) (b) **M. M. Croome** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb. 2**, day **2**, year **1943** hour **6:20** A.M. minute **0** M.

21. I hereby certify that I attended the deceased from **Dec. 8, 1942** to **Feb. 2, 1943**
that I last saw her alive on **Feb. 2, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Thrombosis** **48 hrs.**

Due to **IIA**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
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 **D.O. 2**

23. Signature **Glenn... M.D.**
Address **619. Garfield - K.C. Mo.** Date signed **2-2-43**

4838

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

Bonny Hoop

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 *J. E. Henderson*

Licensed Embalmer No. *3657*

P. O. Address *156 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.