

S. No. 2
-94-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44003
Registrar's No. 112

FILED JAN 10 1942
Registration District No. 2

Primary Registration District No. 5238

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

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Rural - E. Jefferson Twsp.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution XX (Specify whether
In this community XX years, months or days) (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cedar

(c) City or town Rural - E. Jefferson Twsp.
(If outside city or town limits, write "RURAL")

(d) Street No. XXX
(If rural, give location)

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

3. (a) PRINT FULL NAME William Harris Dixon

3. (b) If veteran, name war XXX

3. (c) Social Security No. XXXX

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Mary Ann Dixon

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased June 19, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days . If less than one day

75 5 13 XXX min.

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

10. Usual occupation FARMING***

11. Industry or business XXXXX

MOTHER FATHER

12. Name Albert Dixon

13. Birthplace Tennessee
(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 D. H. Dixon

(b) Address Dunnington, Mo.

17. (a) Burial (b) Date thereof 12-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alder Cemetery

18. (a) Signature of funeral director Church and Neale

(b) Address Stockton, Missouri

19. (a) 1-4-44 (b) Mrs. Ethel Church
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2
year 1943 hour more 7 P. M.

21. I hereby certify that I attended the deceased from Oct 13, 1943, to Dec 1, 1943;
that I last saw him alive on Dec 1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular insufficiency 5 Months
Mitral insufficiency

Due to 92d

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 92d

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature D. R. F. Wilson (M. D. or other) DO
Address Fair Play Mo Date signed 12/3/43

RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

12-43-145-8
1-6-44

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

Melvin Church

Licensed Embalmer No.

3272

P. O. Address

Stockton 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.