No. 2
—2-43
-17-39
X35697

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

42617

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 1 1943

Registration District No. 453 Primary Registration District No. 4245 Registrar's No. 44

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Oronogo 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town West City Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. R #1
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Elvin C. Dix

3. (b) If veteran, name war ✓

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mary E. Dix

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

7. Birth date of deceased Oct (Month) 17 (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	2	6	hr. min.

9. Birthplace Sidney (City, town, or county) Ill (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John L Dix
13. Birthplace (City, town, or county) Ind (State or foreign country)

MOTHER
14. Maiden name Amy Marshall
15. Birthplace (City, town, or county) Ind (State or foreign country)

16. (a) Informant John L Dix
(b) Address Joplin Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 26 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Weaver Cem.

18. (a) Signature of funeral director West City Univ Co
(b) Address West City Mo

19. (a) Dec. 27 1943 (Date received local registrar) (b) Mrs Lillie Lagle (Registrar's signature)

1180

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23rd year 1943 hour 3 minute a M.

21. I hereby certify that I attended the deceased from 12-23-43, 19, to 12-23-43, 19; that I last saw him alive on 12-10-43, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Chronic Myocardial Degeneration

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

93d

Duration

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 Hobart W Bang (M. D. or other) DO

Address Alba Mo Date signed 12-23-43

(Licensed Embalmer's Statement on Reverse Side)

43-12-1064

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 A. K. Mills

Licensed Embalmer No. 347

P. O. Address Nebt City, N

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.