

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38342**

Registration District No. **305** Primary Registration District No. **4452** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County **St. Charles**  
(b) City or town **Wentzville, Mo.**  
(c) Name of hospital or institution:  
**Wentzville, Mo.**  
(d) Length of stay: In hospital or institution  (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **St. Charles**  
(c) City or town **Wentzville, Missouri.**  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **George Raymond Dixon**  
3. (b) If veteran, name war **no** 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec** day **6th** year **1945** hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color **white** 6. (a) Single, widowed, married, divorced, **widowed**  
6. (b) Name of husband or wife **Frances Dixon** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **July 25 1895**  
(Month) (Day) (Year)

Immediate cause of death **alcoholic poisoning (Jury's verdict)**

8. AGE: Years **52** Months **4** Days **10** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **172**

9. Birthplace **Flint Hill, Mo.**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **laborer**  
11. Industry or business \_\_\_\_\_

Major findings: **alcoholic poisoning**  
Of operations \_\_\_\_\_  
Of autopsy **autopsy performed**

MOTHER FATHER {  
12. Name **John William Dixon**  
13. Birthplace **Flint Hill, Mo.**  
14. Maiden name **Julia Mann**  
15. Birthplace **Flint Hill, Mo.**

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

16. (a) Informant **Signey Dixon**  
(b) Address **Route #3, Warrenton, Mo.**  
17. (a) **burial** (b) Date thereof **12/7/45**  
(c) Place: burial or cremation **Wentzville, Mo.**

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury **3**  
23. Signature **Marie M. ...**  
Address **Wentzville Mo** Date signed **12-5-45**

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address **Wentzville, Mo.**  
19. (a) **12/7/45** (b) **Helene S. ...**  
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed 12-15-45

*12-15-45*

MAY 15 1946

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**