V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 2265

FILED FEB 7 7 1946

Registration District No. 4 Primary Registration District No. 3008 Registrar's No. 55

14
1
2

270

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

**1. PLACE OF DEATH:**

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Mo - 27 d (Specify whether
In this community 3 Mo - 27 d
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Jackson 14
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3030 Terrace 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Delia Dixon

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex F 3

5. Color or race N

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

6. (b) Name of husband ~~or wife~~ Jno. Dixon

6. (c) Age of husband or wife if alive 55 dead years

7. Birth date of deceased Oct. (Month) 15 (Day) 1880 (Year)

8. AGE: Years 65 | Months 3 | Days 8 | If less than one day ___ hr. ___ min.

9. Birthplace Platte County, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Dixon
13. Birthplace Platte County, Mo (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Delia Williams
15. Birthplace Platte County, Mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant Andy Dixon
(b) Address 3030 Terrace; Kansas City

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 1/24/46 (Month) (Day) (Year)
(c) Place: burial or cremation K. C. Mo.

18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia K. C. Mo.

19. (a) 1-24-1946 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan. day 23
year 1946 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from 10 - 4 - 1945 to 1 - 23 - 1946
that I last saw her alive on 1 - 23 - 1946
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Lobar Pneumonia | 1 da |
| Due to Generalized Arteriosclerosis | YRS |
| Due to Cerebral Arteriosclerosis | 3 YRS |
| Other conditions Senility (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy 10

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. B. Stokes (M. D. or other) MD
Address Fulton, Mo. Date signed 1/23/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 2-5-46

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**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 I. Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

**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.**