

S. No. 2
M-8-43
5-17-39
I X37823

10173

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

State File No. _____
Registrar's No. 5

FILED MAR 27 1946
Registration District No. 226

Primary Registration District No. 4337

89
8
3095
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Monroe
(b) City or town Madison
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Monroe
(c) City or town Madison
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alice Lucy Dixon
3. (b) If veteran, name war. no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 7
year 1946 hour 11 minute 15 p. M.
21. I hereby certify that I attended the deceased from Jan 27, 1945, to Feb 7, 1946;
that I last saw her alive on Feb 1, 1946;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Mr. Edmund Dixon 6. (c) Age of husband or wife if alive deceased
7. Birth date of deceased 12-9-1859
(Month) (Day) (Year)

Immediate cause of death Paralysis agitans
Duration 2 yrs

8. AGE: Years 86 Months 1 Days 26
If less than one day hr. _____ min. _____

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace Monroe Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation at home
11. Industry or business at home

MOTHER FATHER
12. Name George Woods
13. Birthplace W Va
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Jane Galle
15. Birthplace Ky
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Blanchet Dixon
(b) Address Madison Mo R.R.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-10-1946
(Month) (Day) (Year)
(c) Place: burial or cremation Squire Hills

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
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 _____

18. (a) Signature of funeral director Ruth Thompson
(b) Address Madison Mo
19. (a) 2/11/46 (Date received local registrar) (b) Alice Little (Registrar's signature)

23. Signature M. C. ... (M. D. or other)
Address Madison Mo Date signed 2-8-46

RECEIVED

District Health Officer No. 10

District File Number 3-46-586

Date Filed MAR 19 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 Mrs. Lucile Kempf

Licensed Embalmer No. 3282

P. O. Address Madison Md

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.