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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.

FILED MAY 9 1946
Registration District No. 229

Primary Registration District No. 5809

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Montgomery Co.

(b) City or town New Florence, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Danville Sp

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 83-6-4 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Montgomery 70

(c) City or town New Florence, Mo. Rural
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Benjamin F. Dixon,

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Nettie Dixon, 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 26th, 1862
(Month) (Day) (Year)

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

83 6 4 hr. min.

9. Birthplace 3 Miles S. of Mineola, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER {

12. Name Benjamin F. Dixon,

13. Birthplace Halifax Co., Va.
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda Morrow,

15. Birthplace Montgomery Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Lucinda Dixon

(b) Address New Florence, Mo.

17. (a) Burial (b) Date thereof May 2nd, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City, Mo.

18. (a) Signature of funeral director Waddy Hall

(b) Address Americus, Mo.

19. (a) 5-1-46 (b) James O. Helm M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th,
year 1946 hour 3 minute P M.

21. I hereby certify that I attended the deceased from Jan 2
1931 to April 30 1946
that I last saw him alive on April 30 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 28 days.

Due to Chronic myeloiditis 15 yrs.

Due to arterio-sclerotic nephritis 5 yrs.

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 946

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 0

23. Signature James O. Helm (M. D. or other) _____
Address New Florence Mo. Date signed 5-1-46

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

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 5-8-46

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.....

..... D. B. Baker,, Registered Apprentice No.....
working under my personal supervision.

Signed D. B. Baker

Licensed Embalmer No. 3375

P. O. Address Americus, 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.