

S. No. 2
4-8-43
5-17-39
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FILED JUL 8 1946

Registration District No. 62 Primary Registration District No. 5238

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

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Rural--Jefferson Township
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community All of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20

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

(d) Street No. Jefferson Township
(If rural, give location) ✓

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

If yes, name country XXX X

3. (a) PRINT FULL NAME LEWIS MONROE DIXON

3. (b) If veteran, name war XXX

3. (c) Social Security No. XXXX

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced W ✓

6. (b) Name of husband or wife Martha Dixon

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

7. Birth date of deceased December 15, 1871
(Month) (Day) (Year)

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

74 6 10 X hr. X min.

9. Birthplace Humansville, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business XXXXX

12. Name Zernri Dixon

13. Birthplace XX Ohio
(City, town, or county) (State or foreign country)

14. Maiden name AmericanHopper

15. Birthplace XX Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Chas P Dixon

(b) Address Phillips Texas

17. (a) Burial (b) Date thereof 6-28-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neosho, IOOF Cemetery

18. (a) Signature of funeral director CHURCH AND NEALE

(b) Address Stockton, Missouri

19. (a) 6-29-46 (b) Reveron Harrison
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 25
year '46 hour 9A minute M.

21. I hereby certify that I attended the deceased from 10-8
1945 to 6-25-1946

that I last saw him alive on 6-18-1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to arteriosclerotic Hypertension

Due to gro.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations gpa

Of autopsy

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 Wm. B. Richter (M.D. or other)

Address Stockton Mo. Date signed 6-27-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District No. 6-46-671

Date Filed 7-3-46

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Milvin C. Church*.....

Licensed Embalmer No. *3272*.....

P. O. Address *Stockton, 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.