

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Goss Rest Home--2800 East 10th St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 months 4
(Specify whether years, months or days)
 In this community lifetime

3. (a) PRINT FULL NAME JOSEPH J DIXON
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife Mary Dixon
 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased March 3 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 12
If less than one day hr. min.

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

10. Usual occupation Retired Plumber

11. Industry or business _____

MOTHER, FATHER {
 12. Name Hugh Dixon
 13. Birthplace Ireland
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Gormley
 15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Edward M. Dixon
 (b) Address 4056 Penn

17. (a) Burial (b) Date thereof 2/18/47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Durk & Robin Co
 (b) Address 20 West Linwood

19. (a) 2-17-47 (b) Thereldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 4056 Penn Street
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15th day Feb
 year 1947 hour 2:00 minute P M.
 21. I hereby certify that I attended the deceased from 1-20-47
Statis Pneumonia, 19____;
 that I last saw him alive on 15 Feb 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Statis Pneumonia
 Due to Arterio-Sclerosis

Due to _____
 Other conditions (Include pregnancy within 3 months of death) 97

Major findings: Of operations _____
 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 M.D.
 23. Sign James J. Ferguson (M.D. or other)
 Address K.C. Mo Date 2/18/47

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

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

Howard W. Farrow

Licensed Embalmer No.

4134

P. O. Address

Kansas City, 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.