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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 6 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1558
Registrar's No. 18

Registration District No. 155 Primary Registration District No. 5579

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

3. (a) PRINT FULL NAME Harvey H. Dixon
3. (b) If veteran, name war 1 **3. (c) Social Security** No. _____
4. Sex Male **5. Color or race** White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annora Dixon **6. (g) Age of husband or wife if alive** 76 years
7. Birth date of deceased Jan 21 1868
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 2 If less than one day hr. min.

9. Birthplace Blumington Ill (City, town, or county) (State or foreign country)
10. Usual occupation Furniture

11. Industry or business
12. Name Allen & Dixon
13. Birthplace Ill (City, town, or county) (State or foreign country)
14. Maiden name Annora Gallagher
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Annora Dixon
(b) Address Rt #1 Wells City Mo
17. (a) (Burial, cremation, or removal) Burial **(b) Date thereof** Jan 21 1948
(Month) (Day) (Year)
(c) Place: burial or cremation Our Home Cem.
18. (a) Signature of funeral director Wells City Mo
(b) Address Wells City Mo
19. (a) JAN 26; 1948 **(b)** W. H. Ditchburn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Wells City
(If outside city or town limits, write "RURAL")
(d) Street No. R # 1 RURAL MINERAL TWP.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 23 year 1948 hour 2 minute 15 A.M.
21. I hereby certify that I attended the deceased from Dec 11 1947 to Jan 23 1948
that I last saw him alive on Jan 22 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary arteriosclerosis
Due to Influenza and pneumonia
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy 94A

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? 3

While at work? _____ (Specify type of work)
23. Signature W. H. Ditchburn (M. or Other) RD
Address Wells City Mo **Date signed** 1/24/48

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

MOTHER, FATHER

200 5 201 1959

MAR 1 1959

7357 97 (11/23)

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 *Ross Blandford*

Licensed Embalmer No. 40157

P. O. Address Webb City

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.