

REC'D MAR 9 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

5619

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Drew Primary Registration District No. 1097 Registered No. 818  
(c) City Jackson City (d) Street No. 7112 Jefferson St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 7112 Jefferson St.  (If nonresident, give city or town and State)  
(Usual place of abode. If no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Harrison Dixelbiss</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 4, 1851</u>		
7. AGE	YEARS <u>87</u>	MONTHS <u>3</u>
	DAYS <u>19</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>at Home</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>at Home</u>	
	10. Date deceased last worked at this occupation (month and year).....	
	11. Total time (years) spent in this occupation.....	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stuben Co. Indiana</u>	
	13. NAME <u>Geo. N. Phenicia</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bedford Co. Pa.</u>	
	15. MAIDEN NAME <u>Mary Ann Houck</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Berkeley Co. Virginia</u>	
	17. INFORMANT (ADDRESS) <u>Genton Home 7112 Jefferson</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Decumseh</u> DATE <u>Feb. 24 1939</u>	
	19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>A. Newcomer's Sons Brushcreek &amp; Passo</u>	
	20. FILED <u>724</u> 19 <u>39</u> <u>M. M. Brown</u> Local Registrar.	

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1939 to July 1939  
I last saw him alive on July 15, 1939 Death is said to have occurred on the date stated above, at 12:20 P m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of breast  
50

Date of onset

Other contributory causes of importance:

Arterio Sclerosis

Name of operation..... none Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify.....

(Signed) E. M. ...  
(Address) J. O. S. Sharp Bldg. Kansas City, Mo.

**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

*George M. Collier*

Licensed Embalmer No. *3839*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**