

REC'D APR 21 1939

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

11208
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
 (b) Township Madison Primary Registration District No. 5564 Registered No. 53
 (c) City Carthage, Mo. (d) Street No. Route 1 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 Baby Dixon

(a) Residence, No. RTD I 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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR. 17, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 0 hrs. or min.
0 0 0 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Carthage, Mo. (STATE OR COUNTRY) Missouri

13. NAME NOAH WARNOR DIXON

14. BIRTHPLACE (CITY OR TOWN) EUREKA SPRINGS (STATE OR COUNTRY) ARKANSAS

15. MAIDEN NAME EVA STILLBAUER

16. BIRTHPLACE (CITY OR TOWN) CARTHAGE (STATE OR COUNTRY) MISSOURI

17. INFORMANT NOAH WARNOR DIXON (ADDRESS) Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL Burial PLACE DATE 3/17, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hospital of my parents

20. FILED Mar 22 1939 E. G. McEntire, Jr. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/17/39 to 3/17/39, 19____
 I last saw Dr. [Signature], 19____. Death is said to have occurred on the date stated above, at 2:30 pm.
 The principal cause of death and related causes of importance were as follows:

Amnephely

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ 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) [Signature], M. D.
 (Address) 338 So. Main Carthage, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

District Health Officer No. 6,

District File Number 6-39-775

Date Filed APR 11 1959

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

Licensed Embalmer No.

P. O. Address

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, above space should be left blank.