

BUREAU OF THE CENSUS
JUN 22 1940

Registration District No. 2711

Primary Registration District No. 5-940

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Dixon
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
(c) City or town Dixon
(d) Street No. _____
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 2
year 1940 hour _____ minute 2p M.

21. I hereby certify that I attended the deceased from May 2, 1940 to May 2, 1940
that I last saw her alive on May 2, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Prematurity
Asphyxia neonatorum

Due to prematurity
Atelectasis
Due to prematurity

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

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
23. Signature Donald Sater (M. D. or other) D.O.
Address Brinktown, Mo. Date signed 5-3-40

3. (a) PRINT FULL NAME Infant Jones

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced X

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 5 2 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
If less than one day hr. 6½ min. _____

9. Birthplace Dixon Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Raymond Jones

13. Birthplace Dixon Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Nelson

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

16. (a) Informant's own signature Raymond Jones
(b) Address Dixon, Mo.

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Fred H. Gilbert
(b) Address Dixon, Mo.

19. (a) 5-3-40 (b) Donald Sater
(Date received local registrar) (Registrar's signature)

Duration

6½ hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

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.

District Health Officer No. 5,

District File Number. 640 648

Date Filed 6 6 40

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.