FILED JUL 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20782

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2399

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: St. Mary's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Hours (Specify whether years, months or days)

In this community 1

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. 1107 East 49th Street (If rural, give location)

(e) If foreign born, how long in U. S. A.? ---- years. 0

3. (a) PRINT FULL NAME Douglas Dean Dixon 250

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ----

6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased October (Month) 2 (Day) 1934 (Year)

8. AGE: Years 5 Months 8 Days 10 If less than one day ____ hr. ____ min.

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

10. Usual occupation Child

11. Industry or business ---- 1

MOTHER FATHER

12. Name Fred J. Dixon

13. Birthplace (City, town, or county) North Dakota (State or foreign country)

14. Maiden name Cora VanBatenburg

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

16. (a) Informant Mr. Fred J. Dixon

(b) Address 1107 East 29th Street

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 12, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Ogden, Utah

18. (a) Signature of funeral director D. M. Newcomer's Sons

(b) Address Kansas City, Missouri

19. (a) June 12, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12th year 1940 hour 1 minute 25 A. M.

21. I hereby certify that I attended the deceased from 10-2-39, 19__, to 6-12, 1940; that I last saw h. alive on 6-12, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Nephrosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Acute Myelogenous Leukemia	

Major findings:
Of operations Spleen - Trans Resp
Of autopsy Bone marrow Rh Factor

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

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? (Specify type of place)

While at work? (e) Means of injury 1

23. Signature Harry M Kelly (M. D. or other)

Address 1624 Pay Bldg Date signed 6/12/40

(Licensed Embalmer's Statement on Reverse Side)

1-4:30

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. C. 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, above space should be left blank.