No. 2
-10-39
7-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22698

State File No.

FILED JUL 15 1940

Registration District No. 761

Primary Registration District No. 6002

Registrar's No. 21

1. PLACE OF DEATH:

(a) County St Clair Mo

(b) City or town Appleton City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: at the Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 50 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Clair

(c) City or town Appleton City Mo
(If outside city or town limits write "RURAL")

(d) Street No. Six miles East of Appleton City
(If rural, give location)

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

3. (a) PRINT FULL NAME SUSIE ROSANNA DIXON 250

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Fem

5. Color or race White

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

6. (b) Name of husband or wife John Dixon

6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased Apr (Month) 6 (Day) 1858 (Year)

8. AGE: Years 82 Months 1 Days 18 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Housekeeping 1

11. Industry or business

FATHER
12. Name Andrew F Zink 1
13. Birthplace (City, town, or county) Ill (State or foreign country)

MOTHER
14. Maiden name Mary E Adams
15. Birthplace (City, town, or county) Ill (State or foreign country)

16. (a) Informant Elton Dixon
(b) Address Appleton City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June (Month) 14 (Day) 1940 (Year)
(c) Place: burial or cremation Appleton City Mo

18. (a) Signature of funeral director Frank Lee
(b) Address Appleton City Mo

19. (a) 6-13-1940 (Date received local registrar) (b) Cleo Abney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1940 hour 9 minute P M.

21. I hereby certify that I attended the deceased from Sept 22 1939, 19__, to June 12, 1940; that I last saw her alive on May 19, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Chr

Due to

Due to 93 C

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
836 (Specify type of place)
While at work? (e) Means of injury

23. Signature W H Ellett (M. D. or other) MD
Address Appleton City Mo Date signed 6-13-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
7-40-1006
Date Filed 7-9-40

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 Me on the 12th day of June 1940, Registered Apprentice No. ..... working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City

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

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