No. 2
11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 24 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Bailey.

State File No. 28384

Registration District No. 252 Primary Registration District No. 4132 Registrar's No. 39

1. PLACE OF DEATH:

(a) County Daviess

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

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess

(c) City or town Jamesport
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

3. (a) PRINT FULL NAME DALE DIXON 250

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Nov (Month) 25 (Day) 1908 (Year)

8. AGE: Years 31 Months 6 Days 19 If less than one day hr. min.

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

10. Usual occupation Produce Manager

11. Industry or business

FATHER
12. Name Everett Dixon
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Montie Wharton
15. Birthplace Jamesport (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Helen Dixon
(b) Address Jamesport, Mo

17. (a) Jamesport Mo (Burial, cremation, or removal) (b) Date thereof May 16 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cemetery

18. (a) Signature of funeral director O. L. Robinson
(b) Address Jamesport Mo

19. (a) Aug. 27-40 (Date received local registrar) (b) Nell Wiles (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1940 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 14, 1940, to May 14, 1940; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	3 hr.
Due to: Malignant Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations	
Of autopsy	

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

23. Signature F. B. Bailey (M. D. or other) M.D.
Address Jamesport Mo Date signed 8-7-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number
Date Filed

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 P. L. Robeson

Licensed Embalmer No. 3244

P. O. Address Jamesport Co

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.