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FILED SEP 16 1940

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 411

Primary Registration District No. 5569

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: JASPER  
 (a) County JASPER  
 (b) City or town RURAL - galena  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: R. R. 3  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: 2 (Specify whether  
 In this community: 67 YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MISSOURI (b) County JASPER  
 (c) City or town RURAL -  
 (If outside city or town limits, write "RURAL")  
R. R. 3  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME CHESTER DIXON  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 8 day 21  
 year 1940 hour 3 minute 55 P M.

4. Sex MALE 5. Color or race W  
 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife NANNIE DIXON  
 6. (c) Age of husband or wife if alive 55 years  
 7. Birth date of deceased: JAN. 17 - 1873  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 7, 1940, to Aug 21, 1940,  
 that I last saw him alive on Aug 21, 1940,  
 and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 8 Days 4 If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death  
Gas gangrene of small intestine  
 Due to Emboli of sugar arteries  
 Due to \_\_\_\_\_

9. Birthplace JASPER Co - MO.  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation FARMING

Other conditions Cystitis Left Kidney  
 (Include pregnancy within 3 months of death) 99

11. Industry or business \_\_\_\_\_  
 12. Name ALLEN DIXON  
 13. Birthplace ILL.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name MARY GILLESPIE  
 15. Birthplace OHIO  
 (City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy as stated above

16. (a) Informant Mrs Nannie Dixon  
 (b) Address Jasper Mo - Rural  
 17. (a) Burial (b) Date thereof 8/24/40  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation MT. HOPE

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?  
372 (Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Jasper Mo.  
 (b) Address \_\_\_\_\_  
 19. (a) 8-24-40 (b) Jasper Mo.  
 (Date received by registrar) (Registrar's signature)

23. Signature F. Green (Physician)  
 Address West City Mo Date signed Aug 21-40

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

40-9-392.

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.....

.....  
working under my personal supervision.

....., Registered Apprentice No.....

Signed *Cory K Furlbeck*

Licensed Embalmer No. *959*

P. O. Address *Jasper mo*

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

If this body is not embalmed, fact should be so stated above.