DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35735

NOV 20 1940

Registration District No. 301 Primary Registration District No. 4304 Registrar's No.

1. PLACE OF DEATH:
(a) County: Linn
(b) City or town: Linneus
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: xxxx At home
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Linn
(c) City or town: Linneus
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? XXXX years.

3. (a) PRINT FULL NAME: Reuben J. Dixon
3. (b) If veteran, name war: XXXX
3. (c) Social Security No. XXXX
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Sarah Mae Dixon
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: June (Month) 24, (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
69	3	21	hr. min.

9. Birthplace: Russell (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: XXXXXXXXXX
FATHER
12. Name: John Dixon
13. Birthplace: XXXXXXX (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name: Eliza Cole
15. Birthplace: XXXXXXXX (City, town, or county) Ohio (State or foreign country)
16. (a) Informant's own signature: J. P. Dixon
(b) Address: Linneus, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/15/1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Russell, Iowa
18. (a) Signature of funeral director: Thorne Bros. - Co.
(b) Address: Linneus, Missouri.
19. (a) 10-15-/40 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15 year 1940 hour 2 minute 30 P. M.
21. I hereby certify that I attended the deceased from ..., 1930, to Oct 15, 1940; that I last saw him alive on Oct 13, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	
Due to: arteriosclerosis (generalized)	
Due to:	
Other conditions: Paralysis agitans (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: J. P. Dixon (M. D. or other) XXXXX
Address: Linneus, Missouri Date signed 10/15

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very importa

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 Dorr A. Taylor

Licensed Embalmer No. 3761

P. O. Address Linneus, Mo.

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

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

No. 2B
-2-21-40
I X22659

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

State File No. 35-735

Registration District No. 501 Primary Registration District No. 4304 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Linn

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

(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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 Reuben J. Dixon

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 21 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15
year 1940 hour minute M.

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

	Duration
Immediate cause of death Uremia	
Chronic nephritis (arteriosclerotic)	6 mos
Due to Arteriosclerosis	
Due to	
Other conditions Paralysis agitans (Include pregnancy within 3 months of death)	

Major findings:
Of operations 131
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 J. R. Dixon, M.D. (M. D. or other)
Address Linneus Mo Date signed 12-13-40