. S. No. 2
—11-10-39
v.
FEB 1 1941
JAN 8 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41249

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 4642

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

1. PLACE OF DEATH:

(a) County Jackson 2

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

(c) Name of hospital or institution: 915 East 8th Street
(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 73 Years

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. 915 East 8th Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Mr. Harry Franklin Dixon

3. (b) If veteran, name war Not A Veteran

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Mimie A. Dixon

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July (Month) 11 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
73	4	25	hr. min.

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

10. Usual occupation

11. Industry or business Street Railways Company

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

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

16. (a) Informant Clarence L. Rash
(b) Address 712 W. 12th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 6, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director W. K. Newcomer Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 12-6-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5th year 1940 hour 4 minute 40 A. M.

21. I hereby certify that I attended the deceased from Nov 17-1940 Dec 4, 1940, to ----, 19--; that I last saw alive on Dec 4, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Had a series of attacks lasting several years

Due to Hypertension

Due to ?

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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) no
(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 Clarence S. Bagell (M. D. or other)
Address 906 Grand Ave. K.C. Mo. Date signed 12-5-40

(Licensed Embalmer's Statement on Reverse Side)

1137 Oralto Bldg.
12-5 (except Thur.)
6-7-492 Blindell Rd.

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.