

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

Rev. 5-17-39

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

FEB 17 1941

Registration District No. 210

Primary Registration District No. 5-289

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

Registrar's No. 8

1. PLACE OF DEATH:  
(a) County Clinton  
(b) City or town Hempfle  
(c) Name of hospital or institution: \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
(years, months or days)

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

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 11 1919  
(Month) (Day) (Year)

8. AGE: Years 21 Months 6 Days 13  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housework

11. Industry or business Housekeeping

MOTHER FATHER  
12. Name Levi Dixelbiss  
13. Birthplace Clinton Co. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Walter Creek  
15. Birthplace Clinton Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Levi Dixelbiss  
(b) Address Hempfle

17. (a) Burial (b) Date thereof Jan 26 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hempfle, Clinton Co., Mo.  
18. (a) Signature of funeral director St. Louis  
(b) Address St. Louis

19. (a) Jan 25 (b) Mr. John Gray  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Clinton  
(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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 24  
year 1941 hour 4 minute 30 A.M.  
21. I hereby certify that I attended the deceased from Dec 25, 1940 to Jan 23, 1941;  
that I last saw her alive on Jan 23, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis  
Due to Labor Pneumonia  
Due to \_\_\_\_\_  
Other conditions Influenza  
(Include pregnancy within 6 months of death)

Duration  
3 weeks  
5 weeks  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature J. M. Carter (M. D. or other) D.O.  
Address Clintonville Mo Date signed 1/24/41

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**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.....

*J. F. G. Snow*  
.....  
Licensed Embalmer No. *952*.....

P. O. Address *Stewartville 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.**