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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

RECEIVED FEB 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2650

Registration District No. 318

Primary Registration District No. 5439

Registrar's No. 75

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield

(c) Name of hospital or institution:
Route at the home / W. Springfield Mo

(d) Length of stay: In hospital or institution 6 years

In this community 6 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield, Mo.

(d) Street No. Route RR 4.

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

3. (a) PRINT FULL NAME HARRY W. Dixon

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27 year 1941 hour 10 P minute _____ M.

21. I hereby certify that I attended the deceased from 1-22-41 to Jan 27 / 41 that I last saw him alive on 1-22-41 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race W.

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

6. (b) Name of husband or wife May Martin Dixon

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

7. Birth date of deceased May 19th 1871

Immediate cause of death
Influenza + Bronchitis
Attended with Empyema

Due to _____

Due to _____

Other conditions Arterio Sclerosis

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>8</u>	<u>8</u>	<u>10</u> hr. <u>10</u> min.

9. Birthplace Unknown Indiana

10. Usual occupation R.R. Engineer, retired.

11. Industry or business none

12. Name unknown

13. Birthplace Unknown

14. Maiden name unknown

15. Birthplace Unknown

16. (a) Informant Mrs. May Dixon

(b) Address Springfield; Rural.

17. (a) Burial Watts Cemetry (b) Date thereof 1 31, 1941

(c) Place: burial or cremation Watts Cemetry

18. (a) Signature of funeral director Dunn R uneral Home

(b) Address 629 W. Walnut, Springfield.

19. (a) 1-31-41 (b) W. E. Naudley

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? NO

23. Signature W. E. Naudley (M. D. or other) _____

Address Springfield Mo. Date signed _____

Duration _____

Underline the cause to which death should be charged statistically.

certified by affidavit no. 299 (Licensed Embalmer's Statement on Reverse Side)

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 *Hoyd W. Ford*
Licensed Embalmer No. *2910*
P. O. Address *629 W. Walnut*

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, fact should be so stated above.