

REC'D JUN 16 1941

19685

State File No. 17398

Registration District No. 99

Primary Registration District No. 4061

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Caldwell
 (b) City or town Polo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: L /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution L
(Specify whether years, months or days)
 In this community 23 yrs

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

3. (a) PRINT FULL NAME Marquerite S. Dixon
 3. (b) If veteran, name war L
 3. (c) Social Security No. L

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 10, year 1941 hour 10 minute 05 A. M.

4. Sex Female 5. Color or race wh 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Joe Dixon 6. (c) Age of husband or wife if alive 50 years
 Birth date of deceased January 9 1898
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept., 1938, to Apr. 10, 1941 that I last saw her live on April 9, 1941, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>3</u>	<u>1</u>	hr. min.

Immediate cause of death Chronic Cardiovascular Renal Disease
 Due to Total Infarction
 Duration 10 years

-9. Birthplace Mabel Minnesota
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Due to Chronic Cholecystitis
 Other conditions (Include pregnancy within 3 months of death) 5 years

MOTHER FATHER
 12. Name Chas M. Bacon
 18. Birthplace Iowa
(City, town, or county) (State or foreign country)
 14. Maiden name Amelia C. Pape
 16. Birthplace Lansing Iowa
(City, town, or county) (State or foreign country)

Major findings: Of operations none
 Of autopsy none
 Underline the cause to which death should be charged statistically.

16. (a) Informant Joe Dixon
 (b) Address Polo

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? L
(Specify type of place) (e) Means of injury _____

17. (a) Burial (b) Date thereof 4-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Prairie Ridge
 18. (a) Signature of funeral director Alphonse Cholewa
 (b) Address Polo mo
 19. (a) May 20 - 41 (b) Mrs. Wyle Thompson
(Date received local registrar) (Registrar's signature)

23. Signature V. E. Goldberg (M. D. or other) M.D.
 Address Polo, mo. Date signed 4/4/41

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

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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 A. W. Cowley

Licensed Embalmer No. 1015

P. O. Address.....

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.