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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25958

Registration District No. 735 Primary Registration District No. 3034 Registrar's No. 164

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCormick Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1/2 hour (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Renick (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME URSEL MARY DIXON
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lee A. Dixon
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased March-29-1892 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
49	3	24	hr. min.

9. Birthplace Randolph Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Post Mistress
11. Industry or business U. S. Post office
FATHER 12. Name Tom Waterfield
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Alice Barnett
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Lee A. Dixon
(b) Address Renick Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July-26-41 (Month) (Day) (Year)
(c) Place: burial or cremation Sugar Creek Cemetery
18. (a) Signature of funeral director Snow Funeral Home
(b) Address Moberly Mo.
19. (a) July 26-41 (Date received local registrar) (b) Lyle Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd year 1941 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from June 1, 1941, to July 23, 1941, that I last saw her alive on July 23, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute coronary occlusion	1 da
Chronic myocarditis	
Due to Lobar pneumonia	
Due to Nephrosclerosis benign	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93
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) 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 H. Dwyfuites (M. D. or Coroner)
Address Moberly Date signed 7-25-41

(Licensed Embalmer's Statement on Reverse Side)

SEP 1 7 1940

RECEIVED
District Health Officer No. 10
District File Number 8-41-1516
Date Filed AUG 15 1941

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 R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly Mo.

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

If this body is not embalmed, fact should be so stated above.

No. 2B
—8-21-41
I X29288

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1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCormick Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hr
In this community all hour (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Randolph
(c) City or town Renick
(If outside city or town limits, write "RURAL")
(d) Street No. [illegible]
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ursel M. Dixon
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
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 Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
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) July 26-41 (Date received by local registrar) (b) Paul Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 24 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (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)
(b) 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 (M. D. or other)
Address Date signed

SUPPLEMENTARY