No. 2
-4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 31 1941

Registration District No. 400

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5538

State File No. 42092

Registrar's No. 171

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

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Little Blue Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson Co Home for Aged Negroes
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 yrs (Specify whether years, months or days)
In this community 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jackson
(c) City or town: Little Blue Mo
(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.

3. (a) PRINT FULL NAME: Mollie Ann Dixon
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: Fem
5. Color or race: negro
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Aug (Month) 15 (Day) 1851 (Year)
8. AGE: Years 90 Months 2 Days 24 If less than one day hr. min.
9. Birthplace: Marshall Ohio (City, town, or county) (State or foreign country)
10. Usual occupation: unemployed
11. Industry or business:
FATHER
12. Name: Elisby Lewis
13. Birthplace: Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Sarah Jones
15. Birthplace: Va (City, town, or county) (State or foreign country)
16. (a) Informant: County Home Record
(b) Address: Little Blue Mo
17. (a) Burial (Burial, cremation or removal) (b) Date thereof: 11-15-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Cemetery
18. (a) Signature of funeral director: Flynn & Greenlaw
(b) Address: 1819 E. 15th K C Mo
19. (a) 11-15-41 (Date received local registrar) (b) Sara G. Barnes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9 year 1941 hour 3:40 minute A.M.
21. I hereby certify that I attended the deceased from Nov. 1 1941, to Nov. 9 1941, that I last saw him alive on Nov. 9 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac & Mitral insufficiency	
Due to: GFB	
Due to:	
Other conditions: Hypertension (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: no

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)
(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: L. W. Booker (M. D. or other)
Address: 2028 E. Linn St. Date signed 11/14/41

952 (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.....

Licensed Embalmer No.....

P. O. Address.....

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

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