

FILED JUL 17 1942  
Registration District No. 735

Primary Registration District No. 44335957

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Ralls, 2nd St River View

(b) City or town Perry, Missouri R.F.D.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ralls County, Missouri.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 70 Yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls, 87

(c) City or town Rural.  
(If outside city or town limits, write "RURAL")

(d) Street No. Perry, Missouri R.F.D.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Joseph Milton Dixon.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Widowed.

6. (b) Name of husband or wife Annie Dixon 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May, 18, 1851.  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June, day 20th, year 1942 hour 4:30 minute \_\_\_\_\_ P.A.M.

21. I hereby certify that I attended the deceased from Jan-1-42 19\_\_\_\_ to June 20 1942 that I last saw him alive on May 15- 1942 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

91	1	2	hr. _____ min.
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Immediate cause of death Arteriosclerosis  
PEPTIC ulcer

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace Clarksville, OHIO, Ohio.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

PHYSICIAN

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

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business Retired.

MOTHER FATHER { 12. Name Henry Dixon.

13. Birthplace Unknown Ohio.  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Milton

15. Birthplace Unknown Ohio.  
(City, town, or county) (State or foreign country)

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 John B. ... (M. D. XXXX)  
Address Perry Missouri. Date signed 6/20/42

16. (a) Informant Lloyd Sharp

(b) Address Perry, Missouri.

17. (a) Burial (b) Date thereof 6/21/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Munroe Cemetery.

18. (a) Signature of funeral director Clayton Wiley

(b) Address Perry, Missouri.

19. (a) June 21, 1942 (b) Mrs. Gail Perkins  
(Date received local registrar) (Registrar's signature)

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

87  
0  
6

87  
0  
0

1135

RECEIVED

District Health Officer No. 10

District File Number 7-42-1439

Date Filed \_\_\_\_\_

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 \_\_\_\_\_

Clydes Wilkey \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 3820

P. O. Address Perry Ins.

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.