

FILED OCT 6 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

30904

Do not use this space.

1. PLACE OF DEATH

(a) County Monroe Registration District No. 226
 (b) Township Madison Primary Registration District No. 4337
 (c) City Madison (d) Street No. 1 Registered No. 40
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Joseph L. Dixon St. (If nonresident, give city or town and State)
Madison Mo (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Wood Dixon
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10, 1863
 7. AGE YEARS 79 MONTHS 10 DAYS 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired banker
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Pa

FATHER 13. NAME George Dixon
 14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Sarah Richard
 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) H. Curtis Dixon
Madison Mo. 1212

18. BURIAL, CREMATION, OR REMOVAL PLACE Smith Hill DATE 9/29/42

19. FUNERAL DIRECTOR (NAME) Walter Thompson (ADDRESS) Madison Mo

20. FILED Sept 29 1942 Otis Hedberg Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/27/42

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1942 to Sept 27, 1942
 I last saw him alive on Sept 27, 1942 Death is said to have occurred on the date stated above, at 8:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Acute Dilatation of Heart Date of onset 9/27/42

Other contributory causes of importance: Hypertension 1931

Name of operation 950 Date of 1931
 What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury _____, 19____
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify (Signed) W. R. Turner, D.O. (Address) Madison, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 10-42-1779

Date Filed 1942

OCT 2 - 1942

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 Ed. G. J. Long

Licensed Embalmer No. 1420

P. O. Address Madison, Mo.

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.