

S. No. 2
DM-5-42
v. 5-17-39
X32873

32689

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 24 1942
149

Registration District No.

Primary Registration District No. 1002

Registrar's No. 3739

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
General Hospital No. 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. General Hospital No. 2
(If rural, give location) 311 1/2 W. 20
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME INFANT DIXON
 3. (b) If veteran, name war no
 3. (c) Social Security No. none
 4. Sex Female 5. Color or race Negro
 6. (a) Single, widowed, married, divorced inf. 0
 6. (c) Age of husband or wife if alive 1942 years
 7. Birth date of deceased October 6 1942
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 7
 year 1942 hour 9 minute 22 a. M.
 21. I hereby certify that I attended the deceased from October 6 1942 to October 7 1942
 that I last saw h. er alive on October 7 and that death occurred on the date and hour stated above.

Immediate cause of death Heat Prostration Duration
From Incubator
 Due to 191:2
 Due to 99
 Other conditions 1-1
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
1 hr. min.
 9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation infant
 11. Industry or business
 12. Name Willie Dixon
 13. Birthplace unk 9
(City, town, or county) (State or foreign country)
 14. Maiden name Eizena Newman
 15. Birthplace Coushatta Louisiana
(City, town, or county) (State or foreign country)
 16. (a) Informant Record Clerk
 (b) Address General Hospital No. 2
 17. (a) Burial (b) Date thereof 10-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Lincoln St. Home
 18. (a) Signature of funeral director Brady Burial Home
 (b) Address A. C. Ave.
 19. (a) 10-12-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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) 123
 (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) (e) Means of injury
 23. Signature J. P. Thomas (M. D. or other)
 Address Gen. Hosp. #2 - 600 E. 22 Date signed 10-9-42

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

48
830

48
2
8

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 _____

_____ working under my personal supervision.

_____, Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. 1271

P. O. Address R. C. 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, fact should be so stated above.