V. S. No. 2
OM—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 17 1942

Registration District No. 278

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3054

State File No. 37799

Registrar's No.

82
2
1

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pike 82 1
(c) City or town Bowling Green Mo O
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Mildred Bernice Dixon

3. (b) If veteran, name war X

3. (c) Social Security No. 484-10-4679

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife X

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased Aug (Month) 2 (Day) 1914 (Year)

8. AGE: Years 28 Months 2 Days 5 If less than one day hr. min.

9. Birthplace Louisville (City, town, or county) Mo O (State or foreign country)

10. Usual occupation Beauty Operator

11. Industry or business

FATHER
12. Name Henry Edward Dixon
13. Birthplace Lincoln Co. (City, town, or county) Mo. O (State or foreign country)

MOTHER
14. Maiden name Rosa Lee Price
15. Birthplace Lincoln Co (City, town, or county) Mo. O (State or foreign country)

16. (a) Informant Mr. H. E. Dixon
(b) Address Bowling Green Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Louisville Cemetery

18. (a) Signature of funeral director Grace Bankhead
(b) Address Bowling Green Mo.

19. (a) 10-8-1942 (Date received local registrar) (b) K Haley Deptg (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7
year 1942 hour 5 minute P M.

21. I hereby certify that I attended the deceased from Sept 1, 1942, to Oct 7, 1942
that I last saw her alive on Oct 7, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral embolism	
Due to Ulcerative endocarditis	4 mos
Due to Acute rheumatic fever	5 mos
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 58 b
Of autopsy None

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 Eugene Barrymore (M. D. ~~or other~~) O
Address Bowling Green, Mo Date signed 10/9/42

1169

(Licensed Embalmer's Statement on Reverse Side)

NOV 20 1942

RECEIVED
District Health Officer No. 10
District File Number 11-42-2092
Date Filed NOV 16 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 Lester G. Rood

Licensed Embalmer No. 3084

P. O. Address Bowling Green

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.