

FILED FEB 27 1943
749

Registration District No. **749**

Primary Registration District No. **1002**

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

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: **Northeast Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 Days** (Specify whether years, months or days)

In this community **28 Years**

3. (a) PRINT FULL NAME **FULTON LOCKET DIXON**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color or Race **White**

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

6. (b) Name of husband or wife **Minnie M.**

6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **July 20, 1871**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	6	16	hr. min.

9. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Grocer**

11. Industry or business **Self**

MOTHER FATHER

12. Name **John W. Dixon**

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

14. Maiden name **Nancy Locket**

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

16. (a) Informant **Otto Dixon**

(b) Address **2411 Jackson**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **Feb. 8, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Washington Cemetery**

18. (a) Signature of funeral director **C. H. Blackman & Son, Inc.**

(b) Address **Kansas City, Mo.**

19. (a) **2-8-43** (Date received local registrar)

(b) **M. W. Crow** (Registrar's signature)

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. **4836 E. 9th St.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **6**
year **1943** hour **4** minute **55A.M.**

21. I hereby certify that I attended the deceased from **Jan 26, 1943 to Feb 6, 1943**
and that I last saw him alive on **Feb. 5, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hepatitis (Syphilitic)**

Due to **Syphilitic**

Due to **Asites Due to Portal Hypertension**

Other conditions **X**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **X**

Of autopsy **X**

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? _____

23. Signature **Dr. Frank E. Gray** (M. D. or other)

Address **4316 E. 9th St. K.C. Mo.** Date signed **2-6-43**

48
5134
8

Duration
Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 H. B. Blackman
Licensed Embalmer No. 3639
P. O. Address 15. 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.