DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1943

Registration District No. 71

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6110

State File No.

Primary Registration District No. 3012

Registrar's No. 218

1. PLACE OF DEATH:

(a) County: Clay

(b) City or town: Excelsior Springs (If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution: 206 Isley (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: no (Specify whether years, months or days)

In this community: 10 years.

2. USUAL RESIDENCE OF DECEASED: 24

(a) State: Missouri (b) County: Clay

(c) City or town: Excelsior Springs (If outside city or town limits, write "RURAL.")

(d) Street No.: 206 Isley (If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: K. I. DIXON

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: male

5. Color or race: white

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

6. (b) Name of husband or wife: Hattie O'Dell Dixon

6. (c) Age of husband or wife if alive: 82 years

7. Birth date of deceased: Nov. 19, 1860 (Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 8 If less than one day hr. min.

9. Birthplace: Higginsville (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: farmer

11. Industry or business: —

MOTHER FATHER

12. Name: Tom Dixon

13. Birthplace: unknown (City, town, or county) unknown (State or foreign country)

14. Maiden name: unknown

15. Birthplace: unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant: Laney Dixon

(b) Address: Excelsior Springs

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/30/43 (Month) (Day) (Year)

(c) Place: burial or cremation: Richmond, Sunny Slope

18. (a) Signature of funeral director: Herbert Hodge

(b) Address: Excelsior Springs

19. (a) 1-31-43 (Date received local registrar) (b) Mrs Sadie Redman (Registrar's signature)

1146

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27th year 1943 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan. 2nd 1943, to Jan. 27 1943; that I last saw him alive on Jan 26 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Uraemic Poisoning — Duration: 15 days

Due to: Chronic Arterial Sclerosis

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: None made

Of autopsy: none made

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: John L. Grace M.D. (M.D. or other)

Address: Excelsior Springs, Mo. Date signed 1-29-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Filed 3-4-43

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 James A Moles

Licensed Embalmer No. 3296

P. O. Address Ex Springs

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.

2B
-41
9268

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6110

Registration District No. ..... Primary Registration District No. 3012 Registrar's No. .....

1. PLACE OF DEATH:

(a) County: Clay

(b) City or town: Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 206 Daley
(If not in hospital or institution, write street number or location)

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

In this community —

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Clay

(c) City or town: Excelsior Springs
(If outside city or town limits, write "RURAL")

(d) Street No.: 206 Daley
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: K. L. Dixon

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife: Hattie

6. (c) Age of husband or wife if alive: 82 years

7. Birth date of deceased: Nov (Month) 19 (Day) 1860 (Year)

8. AGE: Years 82 Months 2 Days ..... If less than one day: ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

MOTHER FATHER

12. Name .....

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

14. Maiden name .....

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

16. (a) Informant .....

(b) Address .....

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

(c) Place: burial or cremation .....

18. (a) Signature of funeral director .....

(b) Address .....

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov Day 17 year 1943 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw him alive on ..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute uraemic Poisoning	
Due to: Chronic interstitial nephritis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): old age —	

Major findings:
Of operations: none made
Of autopsy: none made

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)

(b) 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: John F. Grace (M. D. or other) MD

Address: Excelsior Springs Date signed 4/2/43

SUPPLEMENTARY