

FILED MAY 7 1943

Registration District No.

Primary Registration District No. 6074

22

1. PLACE OF DEATH:

(a) County St. Francois Co.  
(b) City or town Vortham  
(c) Name of hospital or institution  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Francois  
(c) City or town Vortham Rural  
(d) Street No.  
(e) Citizen of foreign country? no  
If yes, name country.

3. (a) PRINT FULL NAME Thormanette Inez Dix

3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex female 5. Color or race white  
6. (a) single, married.  
6. (b) Name of husband or wife Vernon Dix  
6. (c) Age of husband or wife if alive 26 years  
7. Birth date of deceased Dec 27 1916

8. AGE: Years 20 Months 4 Days  
If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name Jesse John Briley  
13. Birthplace  
14. Maiden name Opal Ora Hampton  
15. Birthplace St. Francois, Co. Mo.

16. (a) Informant Inez Sutton  
(b) Address Vortham

17. (a) burial (b) Date thereof 4/30/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mitchell Mo.  
18. (a) Signature of funeral director Caldwell Brown  
(b) Address Flat River Mo.

19. (a) 4-30-1943 (b) Byadie Bukhmerster  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 27  
year 1943 hour 8 minute 3/25 M.

21. I hereby certify that I attended the deceased from 4/17 to 4/27, 1943  
that I last saw or alive on 4/17, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary tubercu-  
losis Duration 1 yr

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)  
(e) Means of injury

23. Signature J. P. Yeager (M. D. or other)  
Address Irondale, Mo. Date signed 4-28-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4  
District File Number 543-2158  
Date Filed 5-5-43

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**