

FILED MAY 24 1943  
Registration District No. 274

Primary Registration District No. 3056

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly

(c) Name of hospital or institution: H20 Monroe  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution none  
(If not in hospital or institution, write street number or location)

In this community 36 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly  
(If outside city or town limits, write "RURAL")

(d) Street No. H20 Monroe  
(If rural, give location)

(e) Citizen of foreign country? no (Year or No) 0

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JAMES HENRY DIXON

3. (b) If veteran, name war none

3. (c) Social Security No. 486-12-3207

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14<sup>th</sup>  
year 1943 hour 11 minute 58 P.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Barbara Dixon 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased June-19-1866  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-11 1943, to 4-14 1943  
that I last saw him alive on 4-14 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

76 9 26 hr. \_\_\_\_\_ min.

Immediate cause of death Coronary Thrombosis Duration 32q

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

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions none  
(Include pregnancy within 3 months of death)

10. Usual occupation Janitor

11. Industry or business Brown Shoe Co.

PHYSICIAN \_\_\_\_\_

MOTHER FATHER

12. Name Gilias Henry Dixon

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

14. Maiden name Emaline Wilson Willis

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

Major findings: none

Of operations none

Of autopsy no

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. J. H. Dixon

(b) Address H20 Monroe Moberly MO

17. (a) Burial (b) Date thereof Apr-17-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly MO

18. (a) Signature of funeral director How Funeral Home

(b) Address Moberly MO

19. (a) 4-16-43 (b) Wm. H. Havel  
(Date received local registrar) (Registrar's signature)

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?  
\_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature E. Smith (M. D. or other) \_\_\_\_\_  
Address Moberly MO Date signed 4/14/43

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

**RECEIVED**

**District Health Officer No. 10**

**District File Number** 5-43869

**Date Filed** MAY 21 1949

**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 R. M. Carter

Licensed Embalmer No. H 117

P. O. Address Maoberly 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.**