No. 2
—5-42
5-1

27699

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 11 1943

Registration District No. 42 Primary Registration District No. 2000 Registrar's No. 956

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 7
(If outside city or town limits, write "RURAL")

(d) Street No. 2314 Francis Street
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Cosmos Dixon

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex male

5. Color or race white 0

6. (a) Single, widowed, married, divorced unknown 9

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 65 ? Months Days If less than one day hr. min.

9. Birthplace Junction City (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name Thomas Dixon
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Mary Huff
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Mrs William Adams.

(b) Address Seneca, Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/27/1943 (Month) (Day) (Year)

(c) Place: burial or cremation Seneca, Kansas

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon, St. Joseph, Mo.

19. (a) 8/27/43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27th.
year 1943 hour 3:50 minute P. 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.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to: Less	1 day
Due to: Arteriosclerosis	
Other conditions: Hypertension (Include pregnancy within 3 months of death)	over 3 mo

Major findings:
Of operations
Of autopsy

83a!

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 Peyton Meek (M. D. or other) M D

Address 218 N 7th St Joseph, Mo Date signed 8/30/43

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(Licensed Embalmer's Statement on Reverse Side)

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 Albert E. Farrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missou

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.