

FILED APR 7 1944

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1319

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:  
4619 South Benton  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 2 months  
years, months or days

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. 4619 South Benton  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN M 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 Widow

6. (b) Name of husband or wife Mayme 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 24, 1856  
(Month) (Day) (Year)

8. AGE: Years 87 Months 1 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name Joseph Dixon

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

14. Maiden name Ellen O'Brien

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

16. (a) Informant John B Dixon

(b) Address 4619 South Benton

17. (a) Removal (b) Date thereof 3/25/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina, Mo

18. (a) Signature of funeral director Dwight E. Robin Co

(b) Address 20 West Linwood

19. (a) 3-24-44 (b) T. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23rd day Feb  
year 1944 hour \_\_\_\_\_ minute 1 M. \_\_\_\_\_ P. \_\_\_\_\_

21. I hereby certify that I attended the deceased from Jan 17 1944, to Feb 23 1944  
that I last saw alive on Feb 21 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death malnutrition Toxicosis Duration 2 weeks

Due to Carcinoma Colon Rectum 9768

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

Other conditions High C  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature W. E. Brown (M. D. or other)  
Address 1237 Prof. Bldg Date signed 2-24-44

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

MOTHER FATHER

**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 Charles M. Zurke

Licensed Embalmer No. 3774

P. O. Address Kansas City, 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.**