

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

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335697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15486

State File No. _____

FILED MAY 11 1944

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Louisiana

(c) Name of hospital or institution: Home 503 N 7th
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike ⁸²₉

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

(d) Street No. 503 N 7th
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS SARAH FRANCES DIXON

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Nov 12 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 8
If less than one day _____ hr. _____ min.

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

10. Usual occupation Home

11. Industry or business Home

12. Name Mrs Harey

13. Birthplace (2) 9
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Rodgers 9
(City, town, or county) (State or foreign country)

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

16. (a) Informant George Mottley

(b) Address 703 N 7th Louisiana Mo

17. (a) Burial (b) Date thereof 4-23-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Cem - Rockport Mo

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

(b) Address Louisiana Mo

19. (a) 4-20-44 (b) J. Harey Jr
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 20
year 1944 hour 7 minute 35A M.

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

Immediate cause of death: Deterioration of old age
Physician called on her on April 9th (just once). She had been in failing health for several months - so says neighbors & friends - but death was not unexpected

Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy 1628

Duration

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 3

23. Signature M. H. Smith Clerk
(M. D. or other)

Address Louisiana Mo

Date signed 4/20/44

1169

RECEIVED

District Health Officer No. 10

District File Number 5-44-944

Date Filed MAY 10 1944

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

George O. Wagner

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

George O. Wagner

Licensed Embalmer No. 3173

P. O. Address Quisiana, 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.