

0-2
1-43
7-39
K37823

FILED JUN 3 1944
Registration District No. 7949

Primary Registration District No. 1002

State File No. _____
Registrar's No. 2208

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:
3743 FLORA AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 61 YEARS (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. 3743 FLORA AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. ELLA MONTGOMERY DIXES

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MR. FREDRICK JAMES DIXES 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased JULY 2 1862
(Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name WILLIAM MONTGOMERY

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

14. Maiden name ROKANA CHAPMAN

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

16. (a) Informant Fredrick Dixes

(b) Address 3743 Flora

17. (a) BURIAL (b) Date thereof 5-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ELMWOOD CEM.

18. (a) Signature of funeral director D. H. Newcomer
(b) Address 1401 BRUSH CREEK BLVD

19. (a) 5-22-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 19TH
year 1944 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from 5-1 1944 to 5-19 1944
that I last saw her alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: myocardial infarction with a mental disturbance Duration _____

Due to _____

Due to _____

Other conditions Had gall stone one week
(Include pregnancy within 3 months of death)

Major findings injured left hip

Of operations _____

Of autopsy 95a

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. H. Newcomer (M. D. or other) _____

Address Waldheim Date signed 5-20-44

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Emile W. Colborn

Licensed Embalmer No. 3506

P. O. Address K C 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.