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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

FILED JUL 8 1944  
311

Registration District No. \_\_\_\_\_

Primary Registration District No. 6053

Registrar's No. 14

1. PLACE OF DEATH: St. Clair

(a) County \_\_\_\_\_

(b) City or town Rural Monongah township  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 40 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Clair

(c) City or town Rural Monongah township  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

3. (a) PRINT FULL NAME John, Edwin Dixon

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28  
year 1944 hour 7 minute 30 P. M.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Feb 6 1853  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1 1944 to June 28 1944  
that I last saw him alive on June 25 1944  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>4</u>	<u>22</u>	hr. _____ min. _____

Immediate cause of death Heart failure  
Paralysis of right  
limbs due to arterial  
embolus

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

Due to Senile dementia

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

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

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation Farming

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

12. Name Abred Dixon

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

14. Maiden name Lucy Ann Oliver

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

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? \_\_\_\_\_

16. (a) Informant Elton Dixon

(b) Address Appleton City Mo

17. (a) Burial (b) Date thereof June 30 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Appleton City Cem

18. (a) Signature of funeral director Frank Lee

(b) Address Appleton City Mo

19. (a) June 30 44 (b) Paul M. Wells  
(If received local registrar) (Registrar's signature)

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

(c) Means of injury \_\_\_\_\_

23. Signature R. L. Howard (M. D. or other) MD

Address Appleton City Mo Date signed 6-30-44

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

300

1558

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Officer No. 71  
District File Number 6-44-774  
Date Filed 7-7-44

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 ME  
on the 28<sup>th</sup> day of June 1944, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton 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.