

FILED NOV 4 1944

Registration District No. 02

Primary Registration District No. 4108

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Cedar County
(b) City or town Stockton, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX (Specify whether
in this community XXX years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CEDAR
(c) City or town STOCKTON, MISSOURI
(If outside city or town limits, write "RURAL")
(d) Street No. XXXX (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country XXX

3. (a) PRINT FULL NAME JOSEPH MONROE DIXON

3. (b) If veteran, name war XX 3. (c) Social Security No. XXX

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife XXXXX 6. (c) Age of husband or wife if alive XXXX years
7. Birth date of deceased Jan. 26, 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 25 If less than one day XXXXXX min.

9. Birthplace Cedar County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business XXXX

12. Name Nathan Dixon
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Mary Stalworth
15. Birthplace Cedar Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Hardy H. Simpson
(b) Address Stockton, Missouri

17. (a) Burial (b) Date thereof 9-23-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stockton Cemetery
CHURCH AND NEALE

18. (a) Signature of funeral director STOCKTON, MISSOURI
(b) Address

19. (a) 10-30-44 (b) Mrs Ethel C. Hunch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21 year 1944 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from Aug. 15 1944 to Sept. 21 1944
that I last saw him alive on Sept. 21 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation Duration 3 months

Due to _____
Due to 926

Other conditions (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 926

23. Signature [Signature] (M. D. or other) _____
Address Stockton, Mo. Date signed 9-23-44

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

RECEIVED

District Office No. 71

District File Number 10-44-1202

Date Filed 11-3-44

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Melvin Church

Licensed Embalmer No. 273272

P. O. Address.....

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.