

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15838**
Registrar's No. **2340**

FILED JUN 11 1945
Registration District No. **777**

Primary Registration District No. **1002**

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

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:
3635 Flora Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **42 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **CYRUS W. DIXON**

3. (b) If veteran, **No** **3. (c) Social Security** **No. 486-09-1552**
name war

4. Sex **Male** **5. Color or** **White**
race

6. (a) Single, widowed, married, **Married**
divorced

6. (b) Name of husband or wife **Selma H. Dixon**
6. (c) Age of husband or wife if **60**
alive years

7. Birth date of deceased **Feb. 10 1872**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	3	18	hr. min.

9. Birthplace **Mitchellville Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Clerk**

11. Industry or business **Grocery**

MOTHER FATHER

12. Name **Unknown David Dixon**

13. Birthplace **Unknown Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown Sara Jane Warren**

15. Birthplace **Unknown Iowa**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Selma H. Dixon**

(b) Address **3635 Flora Avenue**

17. (a) Burial **(b) Date thereof** **5 / 31 / 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Floral Hills Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary & Chapel**

(b) Address **104 West 42nd Street**

19. (a) 5-31-45 **(b) Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**

(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")

(d) Street No. **3635 Flora Avenue** **8**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **28**
year **1945** hour **57** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **May 25,**
1945 to **May 28,** **1945**
that I last saw him alive on **May 28,** **1945**
and that death occurred on the date and hour stated above.

Immediate cause of death:

Pulmonary Edema 4 hrs
Cerebral Thrombosis 3 days
Due to **arterio-sclerotic** **years**
renal regurgitation **"**

Other conditions: **Nephritis acute (n.m.o.)**

Major findings:
Of operations

Of autopsy: **925**

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) Mean of injury

Signature **Madore Anderson** (M. D. or other)

Address **723 W 45th St** Date signed **5-29-45**

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. Sadore Anderson

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.....

Joseph R. Hunt....., Registered Apprentice No. *364*
working under my personal supervision.

Signed..... *Elmer C. Wedelin*

Licensed Embalmer No. *3495*

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.