V. S. No. 2
100M—5-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 1 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26391

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3507

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: K.C. GENERAL HOSPITAL No. 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7-DAYS (Specify whether
In this community 8 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 41
(c) City or town KANSAS CITY ?
(If outside city or town limits, write "RURAL")
(d) Street No. 6200 TRACY AVENUE 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME MRS. HENERETTA DIXON

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

4. Sex FEMALE 1
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED 3
6. (b) Name of husband or wife MR. MARIAN F. DIXON
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased MARCH (Month) 22 (Day) 1862 (Year)

8. AGE: Years 83 | Months 4 | Days ~~30~~ 29 | If less than one day hr. ___ min.

9. Birthplace (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business ---

FATHER
12. Name FRANCIS HAMILTON
13. Birthplace (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant MRS. BEULAH KELLIHER
(b) Address 6200 TRACY AVENUE
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof AUG (Month) 22 (Day) 1945 (Year)
(c) Place: burial or cremation MOBERLY, MISSOURI
18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 8-21-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 21 57
year 1945 hour 2 minute 40 A. M.
21. I hereby certify that I attended the deceased from ___, 19__;
that I last saw h___ alive on ___, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to Senility & Shock
Due to Fracture of Humerus
Other conditions none
(Include pregnancy within 3 months of death)
Major findings: Of operations no op
Of autopsy no autopsy

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) accident contributory
(b) Date of occurrence 8/17/45
(c) Where did injury occur? Kans C Mo (City or town) (County) 123 (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home fell — both tub (Specify type of place)
While at work? no (e) Means of injury —
23. Signature T H Owens (M. D. or other)
Address Kans C Mo Date signed 8/21/45

(Licensed Embalmer's Statement on Reverse Side)

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 E. Oscar Hockey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.