S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5581

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 603

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 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 mo. 2 days (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DEACESED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 402½ East 15th Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: CHAUNCEY E. DIXON
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Sgl
6. (b) Name of husband or wife: XX
6. (c) Age of husband or wife if alive: XX years
7. Birth date of deceased: December (Month) 31 (Day) 1872 (Year)
8. AGE: Years 73 Months 1 Days 3 If less than one day hr. min.
9. Birthplace: Kansas City (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Retired Postal Clerk
11. Industry or business:
FATHER 12. Name: No Record
13. Birthplace: " " (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: " "
15. Birthplace: (City, town, or county) (State or foreign country)
16. (a) Informant: James G. Guinotte
(b) Address: 3800 Locust
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-7-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill
18. (a) Signature of funeral director: J W Wagner
(b) Address: Kansas City, Mo.
19. (a) 2-6-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4 year 1946 hour 7:00 minute P. M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Deputy Coroner — Duration
Bronchopneumonia
Due to: Fracture of Rt. Hip
Due to: Auto Trauma.
Other conditions (Include pregnancy within 3 months of death): Auto & pedestrian
Major findings: Of operations: 170c'-8
Of autopsy: 21

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 123
(b) Date of occurrence: 12/2/45
(c) Where did injury occur? Kansas City (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? No (e) Means of injury: Trauma.
23. Signature: A. E. Upsher M.D. (M. D. or other)
Address: 2800 Main Date signed: 2/5/46

(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 Alvin R Hauschild

Licensed Embalmer No. 4159

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.