

FILED MAR 7 1946
62-286

Registration District No. 62-286
Primary Registration District No. 4-1-0-8 4427

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

1. PLACE OF DEATH:

(a) County Polk

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

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

(d) Length of stay: In hospital or institution 18 days
(Specify whether All of life)

In this community, All of life
years, months or days

3. (a) PRINT FULL NAME UNETTA ANN DIXON

3. (b) If veteran, name war XXX

3. (c) Social Security No. XXX

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Jacob S. Dixon

6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased June 21, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75	7	10	X hr. X min.
----	---	----	--------------

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

10. Usual occupation Housewife

11. Industry or business XXXXXX

MOTHER FATHER {

12. Name Columbus Hudson

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

14. Maiden name Martha Frances Wall

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

16. (a) Informant Frank Dixon

(b) Address Joplin, Missouri

17. (a) Burial (b) Date thereof 2-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or, cremation Stockton Cemetery

18. (a) Signature of funeral director CHURCH AND NEALE

(b) Address Stockton, Missouri

19. (a) 3-1-46 (b) Geneva Harrison
(Date received local registrar) (Registrar's signature)

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. XXXXXXXXXX
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country XX XXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31
year 1946 hour 03:15 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1/13, 1946 to 1/31, 1946
that I last saw her alive on 1/31 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to Influenza

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 23k

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? _____

(Specify type of place) _____

While at work _____ (e) Means of injury 0

23. Signature H. H. Robinson (M. D. or other) M.D.
Address Humansville, Mo Date signed 2/11/46

267

RECEIVED

Health Officer No. 7,

Case No. 2-4-46 2-46-151

Date Filed 3-6-46

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. 3272

P. O. Address Stockton 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.