

FILED APR 17 1946

Registration District No. 3

Primary Registration District No. 200

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Wks.
(Specify whether
In this community All her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 2304 Wall
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DIXIE HERRIN WALKER

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

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 6 1871
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 16 If less than one day hr. _____ min. _____

9. Birthplace Newton County (City, town, or county) (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name Jim Anderson
13. Birthplace _____ (City, town, or county) (State or foreign country) No.
14. Maiden name Unknown
15. Birthplace _____ (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Marie Moffett

(b) Address 2304 Wall

17. (a) Burial (b) Date thereof 3-25-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood Cemetery

18. (a) Signature of funeral director Parker-Hubsaker

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 3-22-46 (b) Billie Pearson, R.R.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1946 hour 3 minute 40 A.M.

21. I hereby certify that I attended the deceased from 3-10, 1946, to 3-22, 1946;
that I last saw her alive on March 22, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death: Parkinson's Disease Duration 6yrs

Due to _____
Due to _____

Other conditions Acidosis, Malnutrition
(Include pregnancy within 3 months of death)

Major findings: Of operations None 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 0

23. Signature Billie Pearson (M. D. or other) _____
Address Joplin Natl Bank Joplin Mo Date signed 3-22-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
12526

46-3-279

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 *Steve Pascoe*.....

Licensed Embalmer No. *2548*.....

P. O. Address *Yppli*.....

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.