

FILED JUL 12 1946

Registration District No. 277

Primary Registration District No. 4411

Registrar's No. 35

1. PLACE OF DEATH:

(a) County PIKE
(b) City or town Bowling Green Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Elizabeth's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike
(c) City or town Bowling Green Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNIE PEAY DIXON

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife George Dixon 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Feb 20 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 20 If less than one day hr. _____ min. _____

9. Birthplace Bowling Green Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER
12. Name James J. Peay
13. Birthplace Pike Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mildred Henderson
15. Birthplace Bowling Green Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Dancy Emerson
(b) Address Bowling Green, Mo.

17. (a) Burial (b) Date thereof 6 12 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green Mo
St. Elizabeth's Hospital

18. (a) Signature of funeral director Bill Robinson
(b) Address Bowling Green Mo
19. (a) 7-5-46 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1946 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 15
1946, to June 10, 1946
that I last saw her alive on June 9, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Throats - pneumonia Duration _____

Due to _____

Due to _____

Other conditions Spastic paraplegia
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 !!

23. Signature Lupene Barryma (M. D. or other) _____
Address Bowling Green, Mo Date signed 6/11/46

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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
19988

District Health Officer No. 10

District File Number 7-46-1326

Date Filed JUL 11 1946

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 Grace M. Danford

Licensed Embalmer No. 2204

P. O. Address Danbury Green Ct.

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.