

FILED AUG 12 1946

State File No.

Registration District No.

Primary Registration District No. 1000

Registrar's No. 895

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 hrs - 40 min
In this community 7 hrs (Specify whether years, months or days) 40 min

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Davis
(c) City or town Pattersonburg
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. #4
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

(ELZA DIXSON)
Dixson, Elza

3. (b) If veteran, name war

3. (c) Social Security No. 499-18-2759

20. DATE OF DEATH: Month August day 7th year 1946 hour 10 minute 25 P.M.

21. I hereby certify that I attended the deceased from 8-2 1946 to 8-7 1946
that I last saw him alive on 8-7 1946
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race white 6. (a) Single, divorced, married divorced, married
(b) Name of husband or wife Ethyl Dixon 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased August 19 1891
(Month) (Day) (Year)

Immediate cause of death Coronary arteriosclerosis
Anginal pectoris
Due to

Duration

3 yrs.

8. AGE: Years 55 Months 11 Days 18 If less than one day hr. min.

Due to

9. Birthplace Jameson MO
(City, town, or county) (State or foreign country)

Other conditions none
(Include pregnancy within 3 months of death)

10. Usual occupation Mechanic

Major findings: Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business

12. Name Ira Dixon
13. Birthplace MO
(City, town, or county) (State or foreign country)
14. Maiden name not known
15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethyl Dixon (Wife)

(b) Address Pattersonburg, MO

17. (a) Burial (b) Date thereof 8 9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 900 F. Cemetery Pattersonburg MO

18. (a) Signature of funeral director S. Brown

(b) Address Pattersonburg MO

19. (a) Aug. 8, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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? (c) Means of injury

23. Signature Arnold J. Brown (M. D. or other) Address St. Joseph MO Date signed 8-8-46

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

25152

10 1896

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{will be} was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed E. S. Schomer.....

Licensed Embalmer No. 2857.....

P. O. Address Pattersonburg 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.