

**FILED** OCT 24 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. 35987  
Registrar's No. 20

Registration District No. 370

Primary Registration District No. 6256

1. PLACE OF DEATH:

(a) County Wayne

(b) City or town Rural - Jefferson  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether)

In this community None  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Star Route, Wappapella, Mo.  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME William Jordan Dixon

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife Lina Dixon 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased JANUARY 7 1881  
(Month) (Day) (Year)

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

65 5 9 hr. min.

9. Birthplace Gosport, Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business

MOTHER FATHER

12. Name Not Known

13. Birthplace Not Known 4  
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace Not Known 11  
(City, town, or county) (State or foreign country)

16. (a) Informant Lina Dixon

(b) Address Star Route - Wappapella, Mo.

17. (a) Burial (b) Date thereof 6-17-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wayne Cemetery

18. (a) Signature of funeral director Roy S. Morgan

(b) Address Advance, Missouri

19. (a) Oct 10-46 Mabel Beasley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15  
year 1946 hour minute M.

21. I hereby certify that I attended the deceased from 1945 to June 15, 1946  
that I last saw him alive on June 10, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Senility & Arthritis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 9/3/46

Of operations

Of autopsy

Duration

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) (c) Means of injury Li

23. Signature E. C. Mastis (M. D. or other) D

Address Advance, Mo. Date signed 6-17-46

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

QJ 30 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.....

*Lloyd J. Morgan*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Lloyd S Morgan*.....

Licensed Embalmer No. *3361*.....

P. O. Address *Advance 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.