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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37517

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 118

1. PLACE OF DEATH:

(a) County Johnson

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

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

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Warrensburg 2
(If outside city or town limits write "RURAL")

(d) Street No. 104 S. Charles Street 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country —

3. (a) PRINT FULL NAME Harry Dixon

3. (b) If veteran, name war —

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Fannie Dixon

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased September (Month) 21 (Day) 1861 (Year)

8. AGE: Years 85 Months 2 Days 3 If less than one day hr. min.

9. Birthplace Lone Jack (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business —

MOTHER FATHER

12. Name Brown Dixon

13. Birthplace (City, town, or county) N.C. (State or foreign country)

14. Maiden name Luscebia Smith

15. Birthplace Lone Jack (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Fannie Dixon

(b) Address 104 S. Charles, Warrensburg, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 26 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Lynn Hill

18. (a) Signature of funeral director W. A. Wiest

(b) Address

19. (a) Nov. 26, 1946 (Date received by local registrar) (b) Savannah Crutchfield (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24 year 1946 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from 11-23-46, 19..., to 11-24-46, 19...; that I last saw him alive on 11-23-46, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration sudden

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94A

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 B. F. McKinney (M. D. or other) MD

Address Warrensburg Mo Date signed 11-25-46

147 (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4059

P. O. Address Holden, 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.