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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10388

Registration District No. 297 Primary Registration District No. 6021 Registrar's No. 24

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

89

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Grape Grove Twp. (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

In this community All her life. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray 89

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

(d) Street No. North of Hardin (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mattie R. Dixon

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife H R Dixon

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased July (Month) 15 (Day) 1887 (Year)

8. AGE: Years 59 Months 8 Days 22 If less than one day hr. min.

9. Birthplace Ray Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name John Hoover
13. Birthplace Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary E. Vantrump
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant H. R. Dixon

(b) Address Stet Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 9-47 (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cem

18. (a) Signature of funeral director John W. Kimpschild

(b) Address Hardin Mo

19. (a) March 10-1947 (Date received local registrar) (b) Mabel Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1947 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Mar. 6, 1947, to Mar. 7, 1947 that I last saw her alive on Mar. 7, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	2 days
Due to Hypertension	5 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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

23. Signature Dr. E. G. Kerr (M. D. or other) A.B. D.O.

Address Richmond, Mo. Date signed Mar. 8, '47

273 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
istrict Health Officer No. 8,
istrict File Number
Date Filed 4-10-47

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed John W. Knipschild.

Licensed Embalmer No. 2789

P. O. Address. Hardin 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.