

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 92

1. PLACE OF DEATH

(a) County Randolph
(b) City or town Proberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
420 Monroe St. 1
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)
In this community 3.5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Proberly
(If outside city or town limits, write "RURAL")
(d) Street No. 420 Monroe
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

BARBARA ELLEN DIXON

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

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

6. (b) Name of husband or wife James Henry Dixon 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March-30-1871
(Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 10
If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Benjamin Franklin Tucker
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Lou Atterbury
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant John Dixon

(b) Address 420 Monroe Proberly Mo.

17. (a) Burial (b) Date thereof Apr-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Proberly Missouri

18. (a) Signature of funeral director James Funeral Home

(b) Address Proberly Missouri

19. (a) Apr 10 47 (b) Paul Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th
year 1947 hour 8 minute 45 P.

21. I hereby certify that I attended the deceased from Mar 1 1947 to April 8 1947
that I last saw him alive on April 8 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Stomach

Duration 6 mo

Due to _____

Due to _____

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations 4/6 B

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature C. Smith M.D. (M. D. or other)

Address Proberly Mo Date signed 4/9/47

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

RECEIVED
District Health Officer No. 10
District File Number 4-47-66-2
Date APR 15 1947

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 R. M. Cater
Licensed Embalmer No. 4117
P. O. Address Proberly 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.