

S. No. 2
OM-2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16448

State File No. _____

FILED JUN 9 1947

Registration District No. 27

Primary Registration District No. 5079

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Rural Spruce Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Rural Route #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 25 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

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

(d) Street No. R.R. # 2 Butler
(If rural, give location)

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

3. (a) PRINT FULL NAME Ernest Dewey DIXON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Edna Dixon (Dec.)

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

7. Birth date of deceased July 21 1897
(Month) (Day) (Year)

8. AGE: Years 49 Months 10 Days 8
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Newton E. Dixon

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

14. Maiden name Lola Wisner

15. Birthplace St. Clair Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Lee Dixon

(b) Address Archie, Mo.

17. (a) Burial (b) Date thereof 5-31-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cem.

18. (a) Signature of funeral director _____

(b) Address Butler, Missouri

19. (a) 5-31-47 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th
year 1947 hour 4:45 minute AM M.

21. I hereby certify that I attended the deceased from D.O.A., 19____ to _____, 19____
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Strangulation

Due to Hanging by Rope

Due to _____

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

Major findings:
Of operations _____

Of autopsy None

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) Suicide

(b) Date of occurrence May 29, 1947

(c) Where did injury occur Spruce Twp. Bates, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Farm in Barn

(e) Means of injury Self infl-
John G. Underwood (Coroner) icted

23. Signature _____ (M. D. or other)
Address Butler, Missouri Date signed 5-31-47

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

RECEIVED
District Health Officer No. 7,
District File Number 5-47-671
District File Number 6-6-47
Date Filed

JUL 3 1947

JUN 12 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.....

Samuel H. Root....., Registered Apprentice No. 471
working under my personal supervision.

Signed John G. Underwood
Licensed Embalmer No. 3585
P. O. Address Butler, 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.