

No. 2  
-12-45  
5-17-39  
X47070

FILED MAY 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17378  
Registrar's No. 2235

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
2005 East 24th Street Terrace  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 Years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Jessie Myrtle Dixon

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased July 12, 1887  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>10</u>	<u>6</u>	hr. min.

9. Birthplace California, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Jesse Floyd

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

14. Maiden name Mattie Boswell

15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Deewitt Dixon

(b) Address 2005 East 24th St. Terrace

17. (a) Burial (b) Date thereof 5/22/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins Lind

(b) Address 1729 Lydia Avenue

19. (a) 5-21-47 (b) G. Haldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2005 East 24th St. Terr.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th  
year 1947 hour 4 minute P M.

21. I hereby certify that I attended the deceased from 1-2-47 to 5-18-47  
that I last saw her alive on 5-16-47  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Duration 2 yrs.

Due to

Due to

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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) None

(b) Date of occurrence

(c) Where did injury occur? None  
(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 None

23. Signature H. J. Laughlin (M. D. or other)

Address 2200 E-18 Date signed 5/21/47

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

MOTHER FATHER

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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 *J. Jerome Manlove*.....

Licensed Embalmer No. *3994*.....

P. O. Address *2503 Highland*.....

**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.**