

FILED JUN 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18265

State File No.

Registrar's No. 107

Registration District No. 251

Primary Registration District No. 5855

1. PLACE OF DEATH:

(a) County Nodaway
 (b) City or town Maryville, Mo. "Rural" White Island
 (c) Name of hospital or institution: 9 Miles South West
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 67 Years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74
 (c) City or town Skidmore "Rural" 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7 Miles East 0
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country None

3. (a) PRINT FULL NAME DORCAS MARINTHA 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 Widowed

6. (b) Name of husband or wife David (Deceased) 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: March 27, 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>1</u>	<u>26</u>	<u>hr. 5 min.</u>

9. Birthplace Eike County Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name William Henry Detty

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

14. Maiden name Prudence Current

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

16. (a) Informant W. D. Dixon

(b) Address Skidmore, Mo.

17. (a) Burial (b) Date thereof 5/26/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Swann Chapel

18. (a) Signature of funeral director Price Funeral Home
(b) Address 120 E. 1st, Maryville, Mo.

19. (a) 5/28/47 (b) Dee Holtz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd
year 1947 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 16 - 1947 to May 23rd 1947
that I last saw her alive on May 19th 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia Duration _____

Due to accidental burn

Due to Congestive heart failure

Other conditions _____
(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) accident 74

(b) Date of occurrence May 16 - 1947

(c) Where did injury occur? near Graham Nodaway Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
about home
(Specify type of place)
While at work? no (e) Means of injury fire in home

23. Signature L. E. Dean (M. D. or other) MD

Address Maryville Mo Date signed 5-26-47

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

MOTHER FATHER

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

W. L. Gee

Licensed Embalmer No.....

2539

P. O. Address.....

Marionville 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.