

FILED MAY 19 1947

Registration District No. **297**

Primary Registration District No. **6021**

Registrar's No. **45**

1. PLACE OF DEATH:

(a) County **Ray**
(b) City or town **Rehal - Grape Grove**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Regal
(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 his life**
years, months or days)

3. (a) PRINT FULL NAME **Joel Price Dixon**

3. (b) If veteran, name war **X** 3. (c) Social Security No. **X**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased **July 16 1867**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 9 13 hr. min.

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

10. Usual occupation **farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Christopher M. Wilson**
13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Sally Catherine Cowherd**
15. Birthplace **Hart, Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Sidney Gentry**
(b) Address **St. Mo.**

17. (a) **Burial** (b) Date thereof **May 5 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Hope, Mo.**

18. (a) Signature of funeral director **John W. Kumpchild**

(b) Address **Hart, Mo.**

19. (a) **May 8-47** (b) **Malcolm Jackson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ray** **89**
(c) City or town **Braymer**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route 3**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3rd** day **May**
year **1947** hour **8:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **May 1**, 1947, to **May 3**, 1947,
that I last saw him alive on **May 3**, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death **Salmonella Thrombocitopenia** **3 hrs**
Duration

Due to **Cardiac Insufficiency** **yes**

Due to **arterial Hypertension** **yes**

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

Major findings: Of operations **95** 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? **2**

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

23. Signature **John R. Crank** (M. D. or **RD**)
Address **Braymer, Mo.** Date signed **5/14/47**

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-16-47

ADD 00000049

APR 26 1949

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. Krupchick

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.