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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24149**
Registrar's No. **3181**

FILED AUG 13 1947
Registration District No. _____

Primary Registration District No. **1002**

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

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:
Memorah Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 week**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3731 Fuller**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mrs Myrtle Dixon**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Harold Dixon** 6. (c) Age of husband or wife if alive **49** years
7. Birth date of deceased **Nov 24 1895**
(Month) (Day) (Year)

8. AGE: Years **51** Months **8** Days **5** If less than one day hr. min.

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

10. Usual occupation **Housewife**

MOTHER FATHER
11. Industry or business
12. Name **Bad Lee**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harold Dixon**
(b) Address **3731 Fuller, K.C. Mo**
17. (a) **Burial** (b) Date thereof **7-31-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Floral Hill**

18. (a) Signature of funeral director **J. P. Louis Funeral Home**
(b) Address **3400 Woodland Ave, K.C. Mo.**
19. (a) **7-29-47** (b) **Heraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **29th**
year **1947** hour **11:15** minute **AM** M.
21. I hereby certify that I attended the deceased from **June 13**, 1947, to **July 29**, 1947,
that I last saw her alive on **July 28**, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial failure** Duration _____

Due to **Chronic myocarditis**

Due to _____

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

Major findings: Of operations **93 D** 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 **0**

23. Signature **B. M. Heller** (M. D. or other) **M. D.**
Address **1610 Professional Bldg.** Date signed **7-29-47**

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..... *A. J. Louis*

Licensed Embalmer No. *3110*

P. O. Address..... *H. C. 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.