No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 23 1947

Registration District No. 1479

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31174

Primary Registration District No. 1002

Registrar's No. 3824

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: 5132 Tracy Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether
In this community: 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 5132 Tracy Avenue 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Thomas P. DIXON
3. (b) If veteran, name war: no
493 Soc. Sec. No. 6422 none

4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Celia G. Dixon
6. (c) Age of husband or wife if alive: ~~61~~ 65 years
7. Birth date of deceased: May (Month) 16, (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
81	3	21	hr. min.

9. Birthplace: Ogden, (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: Livestock Salesman
11. Industry or business: Chas. Dixon Comm. Co.
FATHER
12. Name: Thomas Dixon
13. Birthplace: Unknown (City, town, or county) Ireland (State or foreign country) 4
MOTHER
14. Maiden name: Mary Huff
15. Birthplace: Unknown (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant: Mrs. Celia G. Dixon
(b) Address: 5132 Tracy Ave., K.C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-10-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary
18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Missouri
19. (a) 9-8-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 7 year 1947 hour 7 minute 05 P.M.
21. I hereby certify that I attended the deceased from July 30, 1947 to Sept 7, 1947 that I last saw him alive on Sept 6, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Thrombosis	7 dy
Due to Chronic Cardiac Vascular Disease	2 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 93d	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? — (e) Means of injury — 0
23. Signature: F. C. Lawrence (M. D. ~~or other~~)
Address: 624 Prof. Bldg. Date signed Sept 8 47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

Dr. Lamar
Prof. Bldg.
Vi 4426

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 [signature]

Licensed Embalmer No. 2889

P. O. Address ICC

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo } ss.
County of Jackson

State File No. 31174-1
Local Registrar's No. 3824

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 18 day of March, 1948, before me appears Mrs. Thomas P. Dixon, who, upon her oath, states that the original record of ~~birth~~ death for Thomas Dixon died ~~born~~ Sept 7, 1947, 19..., in the State of Missouri, and which was filed at K. C. Mo on 9-8, 1947, should be corrected as follows:

Item No. 3 should read Thomas P. Dixon
Instead of Thomas Dixon

Item No. 3 should read 493-12-6422
Instead of none

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Thomas P. Dixon wife
Relationship.

5132 Tracy
Present Address.

Subscribed and sworn to before me this 18 day of March, 1948.

My Commission expires Oct. 21, 1951 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667

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