

FILED DEC 15 1947

Registration District No. _____

Primary Registration District No. 5550

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Hauell
(b) City or town Moody
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Hauell 46
(c) City or town Moody 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME John Franklin Dixon

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

4. Sex Male 0 5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sally Dixon 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased March 31 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 7 13 hr. _____ min.

9. Birthplace Hauell Co Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Jim Dixon
13. Birthplace JENN. 1
(City, town, or county) (State or foreign country)
14. Maiden name M. Martha Hayes
15. Birthplace unk 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. G.F. Dixon
(b) Address Moody Mo.

17. (a) CR (b) Date thereof 11-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Moody Cemetery

18. (a) Signature of funeral director Higginbotham F. H.
(b) Address Salem Ark.

19. (a) Nov 24-47 (b) Beatrice Cook
(Date received local registrar) (Registrar's signature) 379

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 13
year 1947 hour 7:AM minute _____ M.
21. I hereby certify that I attended the deceased from 6-1-10 to 11-13 1947

that I last saw him/her on 11-2 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Drapsey
Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
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) (c) Means of injury _____ 0

23. Signature C. E. Kue (M. D. or other) _____
Address Viola Ark. Date signed 11-21-47

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

6000

RECEIVED

District

District

Date Filed

Case No. 5,

1247696

12-13-47

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.....

Licensed Embalmer No.....

P. O. Address.....

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.