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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9567

Registration District No. 231

Primary Registration District No. 3048

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Nodoway

(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Francis Hospt' 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 hours (Specify whether
In this community 8 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 3

(a) State Missouri (b) County Atchison

(c) City or town Tarkio 2
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME LAURELLA G. DIXON

3. (b) If veteran, name war **

3. (c) Social Security No. **

4. Sex female 1

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife ***

6. (c) Age of husband or wife if alive years

7. Birth date of deceased December (Month) 7 (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	3	22	hr. min.

9. Birthplace Newton (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation at home

11. Industry or business

FATHER
12. Name A. R. Dixon
13. Birthplace (City, town, or county) Ohio (State or foreign country) 1

MOTHER
14. Maiden name Alice L. Mitchell
15. Birthplace (City, town, or county) Penn (State or foreign country) 1

16. (a) Informant Mrs. Blanche Nicoll#
(b) Address Tarkio, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 3/31/48 (Month) (Day) (Year)
(c) Place: burial or cremation Newton, Iowa.

18. (a) Signature of funeral director Davis Funeral Home
(b) Address Tarkio, Mo.

19. (a) 4-3-48 (Date received local registrar) (b) Bess Holt (Registrar's signature) 2.0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1948 hour 6 minute 30 p. M.

21. I hereby certify that I attended the deceased from March 28, 1948, to March 29, 1948; that I last saw her alive on March 29, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebro Vascular Accident	24 hrs
Due to: Generalized Arteriosclerosis	5-10 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 G. Rutenger (M. D. or other) M. D.
Address Tarkio, Mo. Date signed 3/30/48

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

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 Jno. M. Davis

Licensed Embalmer No. 2394

P. O. Address Tarkio, 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.