. S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 21 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18897

Registration District No. 38 Primary Registration District No. 5212 Registrar's No. 14

1. PLACE OF DEATH:
(a) County Carter
(b) City or town Van Buren (Rural) (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Own home (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 life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Carter
(c) City or town Van Buren (Rural) (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mollie Dixon
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex T. 1
5. Color or race W
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 May (Month) 10 (Day) 1948 (Year)

8. AGE: Years | Months | Days 15 | If less than one day hr. min.

9. Birthplace Carter Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation none
11. Industry or business
FATHER
12. Name Walter Dixon
13. Birthplace Harrison (City, town, or county) Ark. (State or foreign country)
MOTHER
14. Maiden name Lula Hurt
15. Birthplace Pine (City, town, or county) Mo (State or foreign country)
16. (a) Informant Walter Dixon
(b) Address Van Buren
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation House Creek
18. (a) Signature of funeral director Seaton Pewitt
(b) Address Van Buren Mo.
19. (a) June 3-48 (Date received local registrar) Mrs Octa Henson (Registrar's signature) 50

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1948 hour 5 minute P. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Malnutrition and Measels	
Due to	
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 2
23. Signature Seaton Pewitt (M. D. or other) Cor
Address Van Buren Date signed 5-26-48

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

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

RECEIVED 6-15-48
District Health Officer No. 8
District File Number 648 395
Date Filed 6-15-48

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 Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren 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.