

FILED JUL 19 1948 149

Primary Registration District No. 1001

Registration District No. _____

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:
2005 East 24th St. Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2005 East 24th St. Terrace
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dewitt Dixon
(b) If veteran, name war No
(c) Social Security No. 496-09-6510

20. DATE OF DEATH: Month June day 30th
year 1948 hour 4 minute 20 A. M.

MEDICAL CERTIFICATION

4. Sex Male 2 5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jessie Dixon 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 2, 1894
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 21, 1948 to June 30, 1948
that I last saw him alive on June 24, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death My father's heart disease
& arterio sclerosis

8. AGE: Years 54 Months 4 Days 28
If less than one day hr. _____ min. _____

Due to _____
Due to _____

9. Birthplace Booneville, Missouri D
(City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business _____
12. Name Andrew Dixon
13. Birthplace Missouri U
(City, town, or county) (State or foreign country)
14. Maiden name Miria
15. Birthplace Unknown U
(City, town, or county) (State or foreign country)

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

Major findings: 120
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Susie Murphy
(b) Address 2208 East 25th St.
17. (c) Burial (b) Date thereof 7/7/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

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? _____

18. (a) Signature of funeral director Hughes Bros.
(b) Address 1729 Lyden Ave.
19. (a) 7-7-48 (b) Clara Dine Holmes
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of job)
(b) Manner of injury _____
23. Signature James S. Holmes (D. or other) MD
Address 1433 E. 19th St. Date signed 7/6/48

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

MOTHER, FATHER

See Embalming

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.....

J. J. Manlove

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.