

FILED JUL 20 1948

Registration District No. *251*

Primary Registration District No. *4382*

Registrar's No. *158*

1. PLACE OF DEATH:

(a) County Nodaway  
(b) City or town Parnell  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
family 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 26 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway *74*  
(c) City or town Parnell  
(If outside city or town limits, write "RURAL") *0*  
(d) Street No. none *3*  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LEANDER BENTON DIXON

3. (b) If veteran, name war none  
3. (c) Social Security No. none

4. Sex Male *0* 5. Color or race W  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Graves Dixon (c) Age of husband or wife if alive 63 years

7. Birth date of deceased July 28 1887  
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 6  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer - retired  
Self-employed

11. Industry or business Self-employed

12. Name William Dixon *9*

13. Birthplace unknown *9*  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown *9*

15. Birthplace Unknown *9*  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Dixon  
(b) Address Parnell, Missouri

17. (a) burial (b) Date thereof 6/30/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parnell Cemetery

18. (a) Signature of funeral director Pine Funeral Home  
(b) Address Maryville, Missouri

19. (a) 1-3-48 (b) Bess Holtz  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29  
year 1948 hour 12 minute 05 A. M.

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

Immediate cause of death Myo Carditis Acute  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to Senile, Flu

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy 9/2/48  
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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
- While at work? (e) Means of injury 2

23. Signature B. J. Garton (M. D. or other) MD  
Address \_\_\_\_\_ Date signed 6-29-48

MOTHER FATHER

DISTRICT HEALTH DEPARTMENT  
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 Clem M. Pisci

Licensed Embalmer No. 1822

P. O. Address Marionville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.