DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 25375

Registration District No. 6 — Primary Registration District No. 3001 — Registrar's No. 18

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

**1. PLACE OF DEATH:**

(a) County Audrain
(b) City or town Vandalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Brown's Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 18 months
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Pike 82
(c) City or town Curryville 0
(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 Nancy Boyd Dixon

3. (b) If veteran, name war ____ 3. (c) Social Security No. 82-1947 O.A.A.

4. Sex Female 1 | 5. Color or race W | 6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Joe H. Dixon | 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Nov. 12, 1862 (Month) (Day) (Year)

8. AGE: Years 85 | Months 9 | Days 3 | If less than one day ____ hr. ____ min.

9. Birthplace Balls County, Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business ____

FATHER
12. Name Davis Ellis
13. Birthplace Pike County Missouri 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Tursa Weldy
15. Birthplace Pike County Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Edgar Gore
(b) Address Vandalia, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 17, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Vandalia Cemetery

18. (a) Signature of funeral director N. S. Waters
(b) Address Vandalia, Missouri

19. (a) Aug 17. 1948 (Date received local registrar) (b) Mallie Fugua (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 15 year 1948 hour 4 minute 7 M.

21. I hereby certify that I attended the deceased from July 2, 1948, to Aug 15, 1948; that I last saw her alive on Aug 6, 1948; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: appleex | |
| 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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature W. H. Bland (M. D. or other)
Address Vandalia Mo Date signed 8/17/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. [illegible]
District File Number 8-48-155
Date Filed AUG 24 1948

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**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 William B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia Mo

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

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

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# STANDARD CERTIFICATE OF DEATH

State File No. Sept

Registration District No. 6 Primary Registration District No. 3001 Registrar's No. 18

**1. PLACE OF DEATH:**

(a) County Andrain

(b) City or town Vandalia
(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)

(d) Length of stay: In hospital or institution , (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State (b) County

(c) City or town
(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

3. (a) PRINT FULL NAME Nancy B. Dixon

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. 12 1863
(Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 5 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business None

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug Day
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

| Immediate cause of death | 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

5-25375