

S. No. 2
 8-43
 5-17-39
 X37823

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

30637

FILED OCT 11 1948
 Registration District No. 2977

Primary Registration District No. 2948

State File No. _____

Registrar's No. 48

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

1. PLACE OF DEATH: PIKE
 (a) County PIKE
 (b) City or town RURAL — ASHLEY
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 PIKE COUNTY REST HOME 4
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution JUST 4 YEARS
 (Specify whether years, months or days) 4 YEARS

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County PIKE 82
 (c) City or town RURAL 0
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. PIKE Co. REST HOME
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JOHN DIXON
 3. (b) If veteran, name war NO
 3. (c) Social Security No. NO

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 9 day 20
 year 1948 hour 6 minute P M.
 21. I hereby certify that I attended the deceased from 1948 to 9/20/48
 that I last saw him alive on 9-1-48
 and that death occurred on the date and hour stated above.

4. Sex M 2
 5. Color or race NEGRO
 6. (a) Single, widowed, married, divorced S I
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: JUNE 2 1894
 (Month) (Day) (Year)

Immediate cause of death: Cancer Sclerosis
 Duration: yes
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 64 Months 3 Days 18
 If less than one day hr. _____ min. _____

Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN: Underline the cause to which death should be charged statistically.

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

10. Usual occupation UNKNOWN

11. Industry or business UNKNOWN

12. Name UNKNOWN 9

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

14. Maiden name UNKNOWN

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

16. (a) Informant C. U. SHAW
 (b) Address ASHLEY, MO.

17. (a) BURIAL (b) Date thereof SEPT 21 - 48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ASHLEY, MO.

18. (a) Signature of funeral director J. O. Mull
 (b) Address Bowling Green, Mo.

19. (a) 10-4-48 (b) Bill Robinson 2-4
 (Date received local registrar) (Registrar's signature)

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?
 While at work? _____ (Specify type of place) (c) Means of injury 2
 23. Signature J. W. Mathews M. D. or other) _____
 Address Bowling Green, Mo. Date signed 9-21-48

RECEIVED

District Health Officer No. 10

District File Number 10-48-1774

Date Recd OCT 12 1948

STATEMENT BY LICENSED EMBALMER

NOT

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed

James O. Mudd

Licensed Embalmer No. 4152

P. O. Address Bawling Green, 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.