

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40099**
Registrar's No. **5163**

FILED JAN 8 1949
Registration District No. **149**

Primary Registration District No. **1002**

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

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 **GENERAL HOSPITAL # 2**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 das, 12 hrs, 25 mins**
(Specify whether years, months or days)
 In this community **28 years**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MISSOURI** (b) County **JACKSON**
 (c) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1816 Kansas**
(If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **STANLEY DIXON**

3. (b) If veteran, name was **World War I**
 3. (c) Social Security No. **486-07-2118**

4. Sex **MALE** 5. Color or race **NEGRO**
 6. (a) Single, widowed, married, divorced, **MARRIED**

6. (b) Name of husband or wife **JEROME DIXON**
 6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **AUGUST 4th 1897**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	51	4	12	hr. _____ min. _____

9. Birthplace **SEDALIA, MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **PORTER**

11. Industry or business _____

12. Name **LEE PERRYMAN Dixon**

13. Birthplace **SEDALIA, MISSOURI**
(City, town, or county) (State or foreign country)

14. Maiden name **HORTENSE SCOTT**

15. Birthplace **SEDALIA, MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wife: Jerome Dixon**

(b) Address **1816 Kansas**

17. (a) **Buried** (b) Date thereof **12-20-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Funeral Home**

18. (a) Signature of funeral director **J. B. Moore**

(b) Address **1820 E. 15th St.**

19. (a) **12-20-48** (b) **Sheraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DECEMBER** day **16th**
 year **1948** hour **1:45** minute **P.** M.

21. I hereby certify that I attended the deceased from **DECEMBER 14th, 1948** to **DECEMBER 16th, 1948**
 that I last saw him alive on **DECEMBER 15th, 1948**
 and that death occurred on the date and hour stated above.

Immediate cause of death **CEREBROVASCULAR ACCIDENT**

Due to **HYPERTENSION**

Due to _____

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

Major findings: Of operations **832**

Of autopsy _____

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? **0**

While at work _____ (Specify type of place)
 (e) Means of injury **E. Frank Ellis**

23. Signature **[Signature]** (M. D. or other) _____

Address **600 East 22nd St.** Date signed **12/17/48**

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

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 HA Moore

Licensed Embalmer No. 2410

P. O. Address 1820 East 18 st

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.