

5-42  
5-17-39  
X32873

**FILED** MAR 12 1946

Registration District No. 08-14

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Rural Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Springfield Township  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 months (Specify whether years, months or days)  
In this community 6 months years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry  
(c) City or town Rural Springfield Township  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Thomas Hazkins Dix

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced 2 divorced  
6. (b) Name of husband or wife Mary Ann Dix 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 26 1841 (Month) (Day) (Year)

8. AGE: Years 104 Months 7 Days 9 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name John Dix  
13. Birthplace Missouri  
14. Maiden name Rbecca Bursell  
15. Birthplace Missouri

16. (a) Informant Leonard Dix  
(b) Address Calhoun Mo  
17. (a) Burial (b) Date thereof Feb 6 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calhoun Mo

18. (a) Signature of funeral director J. A. Housley  
(b) Address Calhoun Mo  
19. (a) 2-18-1946 (b) R. B. Remy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8 year 1946 hour 1:00 minute \_\_\_\_\_ AM.

21. I hereby certify that I attended the deceased from 10-23 1945 to 2-4 1946  
that I last saw him alive on 1-8 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Endarteritis  
Due to Atherosclerosis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 99.2  
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, or industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Signature E. C. Pellos (M. D. or other) \_\_\_\_\_  
Address Clinton Mo Date signed 2/5/46

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

RECEIVED

Health Officer No. 7,

2-46-222

Date Filed

3-11-46

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 *myself*

Registered Apprentice No.

working under my personal supervision.

Signed

*J. A. Haines*

Licensed Embalmer No. 3502

P. O. Address *Calhoun 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.