

**FILED MAR 20 1942**

Registration District No. **268**

Primary Registration District No. **4061 5364**

Registrar's No. \_\_\_\_\_

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

**1. PLACE OF DEATH:** **Dekalb Rural**  
 (a) County **Dekalb Rural** **Polk**  
 (b) City or town \_\_\_\_\_  
 (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  
 In this community **67** years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **MO** (b) County **De Kalb**  
 (c) City or town **Rural**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? **No** (Year or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Correan Ibson**

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

**4. Sex** **female** **5. Color of race** **White** **6. (a) Single, widowed, married, divorced, widowed**

**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if** \_\_\_\_\_ **alive** \_\_\_\_\_ **years**

**7. Birth date of deceased** **Nov. 21 1854**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	87	2	27	hr. min.

**9. Birthplace** **Knoxville Ill**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Housewife**

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

**12. Name** **Moses VanGilder**

**13. Birthplace** **Waynes, Ga** (State or foreign country)

**14. Maiden name** \_\_\_\_\_

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

**16. (a) Informant** **Mary E Foster**  
**(b) Address** **Union Star Mo**

**17. (a)** \_\_\_\_\_ **(b) Date thereof** **Feb. 19 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Union Star Cem**

**18. (a) Signature of funeral director** **Lucile M. Wilson**  
**(b) Address** **King City Mo.**

**19. (a)** **Feb 18 42** **(b)** **E M Remolds**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Feb** day **17**  
 year **1942** hour **1** minute **30 P** M.

**21. I hereby certify that I attended the deceased from** **Jan 1**, 1941, to **Feb 17**, 1942, and that death occurred on the date and hour stated above.

**Immediate cause of death** **Old Age**

**Due to** **myocarditis**

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

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

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

**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? \_\_\_\_\_

**23. Signature** **E M Remolds** (M. D. or other) \_\_\_\_\_  
**Address** **Union Star** **Date signed** **2-18-42**

**Duration** \_\_\_\_\_

**PHYSICIAN** \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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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.....

*Lucile M. Wilson*

Licensed Embalmer No.....

2830

P. O. Address.....

King City 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.**