JUN 25 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

12999

1. PLACE OF DEATH
County Jasper — Registration District No. 41 — File No.
Township Galena — Primary Registration District No. Doors — Registered No.
City Joplin (No. Joplin R#3 St. Ward)

2. FULL NAME John Sanford Iwanger
(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Josie

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr 28-1887

7. AGE: YEARS 43 — MONTHS — DAYS 2 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): in
(c) Name of employer: Fishers Hardware

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: James Iwanger
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Martha Robinson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): None

14. INFORMANT: Virgil Iwanger
(Address) Joplin #3

15. FILED 5/2 1930 A. B. Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr 30 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 30 30 to April 30 30 that I last saw him alive on April 30 30 and that death occurred, on the date stated above, at 8-30 P.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Acute Endocarditis
11B
91A
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY): Influenza
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. E. Kenney, M. D.
5/1 1930 (Address) Joplin Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Rocky Comfort Mo — DATE OF BURIAL: 5/2 30

20. UNDERTAKER: Sheren & Co — ADDRESS: Joplin Mo

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. No. 2