

AUG 3 1940
Registration District No. 566

Primary Registration District No. 3030

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

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Charleston
(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 2
(Specify whether)

In this community 18 years
years, months or days

3. (a) PRINT FULL NAME FANNIE Ivy 100

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Wm. Ivy 6. (c) Age of husband or wife if alive Dead Years

7. Birth date of deceased March 29 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>3</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace Aberdeen Miss. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife 1

11. Industry or business _____

MOTHER { 12. Name York W. Kerson 9

13. Birthplace Unknown N. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Viola Ivy

(b) Address Cypress St. Charleston

17. (a) Burial (b) Date thereof July 14, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery, Charleston

18. (a) Signature of funeral director F. J. Sparks

(b) Address Cape Girardeau, Mo.

19. (a) 7-14-40 (b) F. J. Sparks
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

(c) City or town Charleston
(If outside city or town limits, write "RURAL")

(d) Street No. Cypress St.
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 1940
year _____ hour 10.30 minute _____ A.M.

21. I hereby certify that I attended the deceased from Dec. 5, 1939, to Jan. 20, 1940, that I last saw him alive on Jan. 20, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis

Due to _____

Due to _____ 131

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? 375
(Specify name of place) While at work? _____ Means of injury _____

23. Signature W. A. Angel (M. D. or other) 1

Address 311 S. Elm St. Charleston, Mo. Date signed 7-12-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 2

District File Number 840-1284

Date Filed 8/2/40

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 Frank Sparks

Licensed Embalmer No. 3455-

P. O. Address Cape Girardeau, 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, above space should be left blank.