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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

APR 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10115

Registration District No. 85 | Primary Registration District No. 1001 | Registrar's No. 314

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

1. PLACE OF DEATH:
(a) County: BUCHANAN
(b) City or town: ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: STATE HOSPITAL No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 46 yrs. 3 da. (Specify whether
In this community: 46 yrs. 3 da.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Atchison
(c) City or town: rural
(If outside city or town limits, write "RURAL")
(d) Street No.:
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME: Arass Iler
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: Single
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: 9 (Month) (Day) 1871 (Year)

8. AGE: Years 70 | Months 2 | Days 2 | If less than one day: hr. min.

9. Birthplace: Atchison County (City, town, or county) MO. (State or foreign country)
10. Usual occupation: chronic invalid
11. Industry or business: —
MOTHER FATHER
12. Name: W. H. Iler
13. Birthplace: Nashville (City, town, or county) Tennessee (State or foreign country)
14. Maiden name: Missouri Harmon
15. Birthplace: Unknown (City, town, or county) Ky. (State or foreign country)
16. (a) Informant: Vesta Miller
(b) Address: 7420 1st St. Des Moines, Ia.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 17, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery
18. (a) Signature of funeral director: Herman W. Siderfaden
(b) Address: 1802 Union Str. St. Joseph, Mo.
19. (a) 3-17-1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mar. 15 day: year: 1941 hour: 2 minute: P. M.
21. I hereby certify that I attended the deceased from: Mar. 12 1895, to Mar. 15, 1941, that I last saw him alive on: Mar. 15, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	sudden
Due to: Arteriosclerosis	X
Due to: —	
Other conditions: — (Include pregnancy within 3 months of death)	

Major findings: Of operations: —
Of autopsy: —

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

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: J. T. O Dell (M. D.) M. D.
Address: State Hospital #2 Date signed: 3/15/41

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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 Robert R. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, 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.