

Registration District No. 636

Primary Registration District No. 5844

Registrar's No. 10

1. PLACE OF DEATH:
(a) County Oregon
(b) City or town Alton
(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 1 year
years, months or days

3. (a) PRINT FULL NAME Frank Iddings
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 _____ years
7. Birth date of deceased March 3 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 11 23 _____ hr. _____ min.

9. Birthplace Rome City Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation No Occupation

11. Industry or business Cripple

MOTHER FATHER { 12. Name Asa Jackson Iddings
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Abbie Swan
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Owen Iddings
(b) Address Batesline, Mich.

17. (a) Burial (b) Date thereof 3/2/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lance Cem.

18. (a) Signature of funeral director _____
(b) Address Thayer, Mo.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Oregon 75
(c) City or town Alton
(If outside city or town limits, write "RURAL")
(d) Street No. Piney TP (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
1941
20. DATE OF DEATH: Month Feb. day 26
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Distention of Heart
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) ASC

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? _____

23. Signature Les Carr (Specify type of place) 5603
While at work? _____ (e) Means of injury _____
Address Thayer, Mo. (M. D. or other) _____
Date signed 3-4-41

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

5-0-0

1-X23159

FILED APR 20 1941

RECEIVED

District Health Officer No. 5,

District File Number 44/491

Date Filed _____

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 _____

working under my personal supervision. _____, Registered Apprentice No. _____

Signed Leo Carr

Licensed Embalmer No. 2855

P. O. Address Hayes

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.

Frank Jiddings War pearl dead
and probably had been 24 or 48 hours
corner filed at the Certificate.
He was very poor and stayed by
hisself. Glad to give all
information in case.

No. 2
-1-4-41
-7-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11553
Registrar's No. 10

Registration District No. 636

Primary Registration District No. 5844

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Cherry T.P.
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Frank Jddings

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

4. Sex M 5. Color or race W 6. (e) Single, widowed, married, divorced S
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 23 If less than one day..... hr.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....
13. Birthplace..... (City, town, or county) (State or foreign country)
14. Maiden name.....
15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant..... (b) Address.....

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

(c) Place: burial or cremation Sauve Cemetery

18. (a) Signature of funeral director Leo Carr

(b) Address Thayer mo

19. (a) 2/26 (Date received local registrar) (b) Ernoch Bailey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26
year 1941 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....
that I last saw..... alive on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death..... Duration

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) (e) Means of injury.....

23. Signature Leo Carr (M.D. or other) Carr
Address Thayer mo Date signed.....

SUPPLEMENTARY

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

ROWEVA RECORD