

S. No. 2  
-1-4-41  
5-17-39  
P-I X25390

DEPARTMENT OF COMMERCE  
REGISTRATION DISTRICT NO. 391

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

28484

State File No. \_\_\_\_\_  
Registrar's No. 57

Primary Registration District No. 5046c

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

1. PLACE OF DEATH:  
(a) County Iron  
(b) City or town Arcadia TIMP  
(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) 1

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Iron 047  
(c) City or town Arcadia  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ida C. Nations  
3. (b) If veteran, name war no  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 9  
year 1941 hour 10 minute 30 P. M.  
21. I hereby certify that I attended the deceased from  
May 5<sup>th</sup> 1941 to Aug 9<sup>th</sup> 1941  
that I last saw h. in alive on Aug. 8<sup>th</sup> 1941  
and that death occurred on the date and hour stated above.

4. Sex fem 1. Color or race White  
5. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife William Nations  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased February 5 1872  
(Month) (Day) (Year)

Immediate cause of death  
coronary thrombosis of coronary artery  
(7th adventitia)  
Due to chronic arteriosclerosis

Duration  
Several years.

8. AGE: Years Months Days If less than one day  
69 6 4 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Other conditions Senility  
(Include pregnancy within 3 months of death)

9. Birthplace Graniteville Mo. 0  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy none

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

10. Usual occupation at home

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

MOTHER FATHER { 12. Name Joseph Dubacher  
13. Birthplace Switzerland 5  
(City, town, or county) (State or foreign country)  
14. Maiden name Lizzie Jaycox  
15. Birthplace Ohio 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Simpson  
(b) Address Arcadia Mo.

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?

17. (a) burial (b) Date thereof 8/11/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Middlebrook Mo.

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature P. E. Harland (M. D. or other)  
Address Chronon, Mo. Date signed 8/11/41

18. (a) Signature of funeral director Norman White & Sons  
(b) Address P. S. White Ironton Mo.  
19. (a) Aug 16-41 (b) Julia A. Houston  
(Date received local registrar) (Registrar's signature)

7069

**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..... *Crist White*  
Licensed Embalmer No. *3012*  
P. O. Address..... *Denton Tex*

**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.**