

FILED MAR 20 1942

Registration District No. **268**

Primary Registration District No. **4061 5364**

Registrar's No. _____

1. PLACE OF DEATH: **Dekalb Rural**
 (a) County **Dekalb Rural** **POLK**
 (b) City or town _____
 (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 **67** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MO** (b) County **De Kalb**
 (c) City or town **Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? **No** (Year or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Correan Ibson**

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

4. Sex **female** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced, widowed**

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** _____ **alive** _____ **years**

7. Birth date of deceased **Nov. 21 1854**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	87	2	27	hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Moses VanGilder**

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

14. Maiden name _____

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

16. (a) Informant **Mary E Foster**

(b) Address **Union Star Mo**

17. (a) _____ **(b) Date thereof** **Feb. 19 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Union Star Cem**

18. (a) Signature of funeral director **Lucile M. Wilson**
(b) Address **King City Mo.**

19. (a) **Feb 18 42** **(b)** **E M Remolds**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb** day **17**
 year **1942** hour **1** minute **30 P** M.

21. I hereby certify that I attended the deceased from **Jan 1**, 1941, to **Feb 17**, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death **Old Age**

Due to **myocarditis**

Due to _____

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? _____

23. Signature **E M Remolds** (M. D. or other) _____

Address **Union Star** **Date signed** **2-18-42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

32
0

239

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.....

Lucile M. Wilson

Licensed Embalmer No.....

2839

P. O. Address.....

King City 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.