DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6778

Registration District No. 3721 Primary Registration District No. 5512 Registrar's No. 9

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Near Fortescue Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: [illegible]
(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 Mo (b) County Holt. 44

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

(d) Street No. Near Fortescue
(If rural, give location)

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

3. (a) PRINT FULL NAME John Francis Iden.

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

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

6. (b) Name of husband or wife Sarah Iden 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased May (Month) 24 (Day) 1862 (Year)

8. AGE: Years 79 Months 8 Days If less than one day _____ hr. 25 min.

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

10. Usual occupation Farmer

11. Industry or business _____

FATHER
12. Name George W Iden
13. Birthplace _____ (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Nancy Yocum
15. Birthplace _____ (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature Zephal J. Gipson
(b) Address Fortescue, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-42. (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetry.

18. (a) Signature of funeral director W H Crawford
(b) Address Mound City Mo

19. (a) 2-21-42 (Date received local registrar) (b) Pauline Lawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19
year 1942 hour _____ minute _____ p. M.

21. I hereby certify that I attended the deceased from Feb 19, 1942, to Feb 19, 1942; that I last saw him alive on Feb 19, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia (Lobar)	3 day
Due to —	
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 Jas C Tracy (M. D. ~~[illegible]~~)
Address Mound City Mo Date signed 2-19-42

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 X19511

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.....

Licensed Embalmer No.....

P. O. Address.....

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.