S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11152

Registration District No. 4 84 Primary Registration District No. 3024 Registrar's No. 16

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

54
3
2

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Lexington Mt. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: North 11th St. (If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution (Specify whether

In this community About 50 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Lexington (If outside city or town limits, write "RURAL") 054

(d) Street No. North 11th St. (If rural, give location) 3 2

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME JAMES BRECKENRIDGE IGO

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Sarah Alice Kratzer

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct (Month) 6 (Day) 1866 (Year)

8. AGE: Years 75 Months 5 Days 3 If less than one day hr. min.

9. Birthplace Mt. Sterling (City, town, or county) Ky 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

FATHER
12. Name Levi Igo
13. Birthplace Mt Sterling (City, town, or county) Ky 1 (State or foreign country)

MOTHER
14. Maiden name Mary Dennis
15. Birthplace Mt Sterling (City, town, or county) Ky 1 (State or foreign country)

16. (a) Informant Mrs Troy Hackler

(b) Address Lexington Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar 11, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Naxton Mo

18. (a) Signature of funeral director Winkler

(b) Address Lexington Mo

19. (a) 3/19/42 (Date received local registrar) (b) Mrs. Fred Schwab (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 9th year 1942 hour 10:30 minute A M.

21. I hereby certify that I attended the deceased from Feb 26-1942, 19 , to Mar 9, 1942 that I last saw him alive on Feb 26, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to Fracture 9 & 10 rib rt side

Due to

Other conditions — (Include pregnancy within 3 months of death)

Major findings: Of operations — 186a

Of autopsy — 18

Duration

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 054

(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? Fell on Home (Specify type of place)

While at work? (e) Means of injury

23. Signature B A Bradley (M. D. or other)

Address Lexington Mo Date signed 3/11/42

075
3/26/42

1158

(Licensed Embalmer's Statement on Reverse Side)

MAR 26 1942

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 Geo. A. McKean

Licensed Embalmer No. 2983

P. O. Address Lexington, 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.