

FILED NOV 10 1942

Registration District No. 135

Primary Registration District No. 4244

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carterville
(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 3 Months
(Specify whether years, months or days)

In this community 3 Months

3. (a) PRINT FULL NAME John Ivy

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 alive _____ years

7. Birth date of deceased June 30, 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months 3 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Roy E. Ivy

13. Birthplace Jasper County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ethel McDermond

15. Birthplace No Data Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Roy E. Ivy

(b) Address Carterville, Missouri

17. (a) Burial (b) Date thereof J.C. 15/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oronogo, Cemetery

18. (a) Signature of funeral director Hedge-Nelson

(b) Address Webb City, Mo.

19. (a) Oct. 15, 1942 (b) Mrs. Lillian Lyle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. W. Daugherty
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 6 AM Oct 14 1942 to 1 PM Oct 14 1942
that I last saw him alive on 9 AM Oct 14 1942
and that death occurred on the date and hour stated above.

Immediate cause of death MALNUTRITION

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? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature P.M. Lyle (M.D. or other) _____

Address Carterville Mo. Date signed 10/15/42

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

49
4
0

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..... *E. M. Hedger*
Licensed Embalmer No..... *2857*
P. O. Address..... *Wash. D.C.*

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.