V. S. No. 2
50M—9-4-41
Rev. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8003

State File No.

Registration District No. 372 Primary Registration District No. 6264 Registrar's No. 1

112
0
0

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

1. PLACE OF DEATH:
(a) County ~~Wright~~ Webster
(b) City or town Rural Hazelwood Twp
(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)

2. USUAL RESIDENCE OF DECEASED: Webster 112
(a) State Missouri (b) County ~~Wright~~ 0
(c) City or town Rural. 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Docia C. Ipock.

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 Married
6. (b) Name of husband or wife George B. Ipock.
6. (c) Age of husband or ~~wife~~ if alive 81 years
7. Birth date of deceased Oct (Month) 21 (Day) 1865 (Year)

8. AGE: Years 78 Months 2 Days 25 If less than one day hr. min.

9. Birthplace (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation Housewife.
11. Industry or business
FATHER
12. Name James Floyd.
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Matilda Carol.
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Mrs. Jim McClure.
(b) Address Diggins Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Antioch Cem.
18. (a) Signature of funeral director Kelley-Ferrell.
(b) Address Seymour Mo.
19. (a) 1-21-43 (Date received local registrar) (b) Gilbert Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17 year 1943 hour 4 minute 30 A.M.
21. I hereby certify that I attended the deceased from Nov 6, 1942, to Jan 17, 1943 that I last saw her alive on Jan 10, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis — Duration 2039 A
Due to
Due to
Other conditions old age & weakness
(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 J. A. Fuson (M. D. ~~or other~~)
Address Mansfield Mo Date signed Jan 15

1067

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 232-190
Date Filed FEB 12 1943

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 K. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Seymour, Ind.

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.