DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31228

FILED SEP 24 1943

Registration District No. ..... Primary Registration District No. 4055 Registrar's No. 1017

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town Easton
(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 years, months or days)
In this community 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town Easton
(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 .....

3. (a) PRINT FULL NAME Henry Burkey Iba

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Zylfa Iba

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Oct. (Month) 6 (Day) 1872 (Year)

8. AGE: Years 70 Months 11 Days 6 If less than one day ..... hr. ..... min.

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

10. Usual occupation Salesman

11. Industry or business .....

FATHER
12. Name Henry B. Iba
13. Birthplace Penna. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lavina Dunkey
15. Birthplace Penna. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Zylfa Iba
(b) Address Easton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 14 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Freeman Chapel

18. (a) Signature of funeral director F. F. Lyon
(b) Address Stewartsville Mo.

19. (a) 9/14/43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12 year 1943 hour 2 minute 25 P.M.

21. I hereby certify that I attended the deceased from April 1, 1940, to Sept. 12, 1943; that I last saw him alive on Sept. 12, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency — Duration

Due to Chronic Brights

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) (e) Means of injury .....

23. Signature G. F. Kimbrell (M. D. or other)
Address Easton Mo Date signed 9/13/43

(Licensed Embalmer's Statement on Reverse Side)

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

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 Darrell D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg 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.