

OCT 26 1943

Registration District No. 59

Primary Registration District No. 5224

Registrar's No. 185

1. PLACE OF DEATH:

(a) County Cass  
(b) City or town Rural Grand River Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Welder Home 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution? \_\_\_\_\_ (Specify whether)  
In this community all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cass  
(c) City or town Rural Archmo  
(If outside city or town limit, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Iva Moul

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married divorced married

7. Name of husband or wife Iva Moul 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased March 25<sup>th</sup> 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>6</u>	<u>27</u>	hr. _____ min.

9. Birthplace Near Freeman Cass Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Bembroke S. Kyle

13. Birthplace Kty  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret A. Preiser

15. Birthplace Kty  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Gladys Loddard

(b) Address Archmo Mo

17. (a) Burial (b) Date thereof 10-24-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freeman Mo

18. (a) Signature of funeral director Albin B...

(b) Address Archmo Mo

19. (a) Oct. 23, 1943 (b) Margaret Valle  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29  
year 1943 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 22 1943 to October 22 1943 that I last saw her alive on October 13 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration Duration 2 wks

Due to Apoplexy

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)

23. Signature Dr. C. E. Evers (M. D. or other) MD

Address Harrisonville, Mo. Date signed 10-23-43

MOTHER FATHER

WRITE PRINTED NAME ON REVERSE SIDE - 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 *Lloyd Addison*

Licensed Embalmer No. *3920*

P. O. Address *Harrisville*

**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.**