No. 2
—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. [illegible]

FILED JAN 14 1940

Registration District No. [illegible]0

Primary Registration District No. 5630

Registrar's No.

1. PLACE OF DEATH:

(a) County LACLEDE

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

(c) Name of hospital or institution: R. 3. LEBANON
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ——— (Specify whether
In this community ALWAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE 53

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

(d) Street No. R. 3. LEBANON
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME JOSEPH C IVEY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife LURA MIZER

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased FEB (Month) 23 (Day) 1869 (Year)

8. AGE: Years 74 Months 10 Days 22 If less than one day ___ hr. ___ min.

9. Birthplace LACLEDE CO (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name AULSEY J. IVEY
13. Birthplace LACLEDE CO (City, town, or county) MO. 0 (State or foreign country)

MOTHER
14. Maiden name MARY JANE CROCKET
15. Birthplace (City, town, or county) MO 0 (State or foreign country)

16. (a) Informant Macon Ivey
(b) Address Springfield Missouri

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-17-43 (Month) (Day) (Year)
(c) Place: burial or cremation BOLES CEM.

18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON

19. (a) 12-31-43 (Date received local registrar) (b) Grace Roper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 15
year 1943 hour 5 minute 25 A.M.

21. I hereby certify that I attended the deceased from 11-28-43, 19__ to 12-15, 1943
that I last saw h__ alive on 12-14, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: flu pneumonia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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

(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. McCombo (M. D. or other)
Address Lebanon Date signed 12-18-43

1040

(Licensed Embalmer's Statement on Reverse Side)

Received .....

Laclede County Health Unit

File No. 12-43-176

Date Filed 1-11-44

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 Allyn Dethrage

Licensed Embalmer No. 4333

P. O. Address Lebanon 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.