

FILED FEB 13 1945

Registration District No. 156

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. _____

Registrar's No. 41

2559

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
220 Pearl
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 years years, months or days)

3. (a) PRINT FULL NAME Dollie Iverson

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

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

6. (b) Name of husband or wife I.C. Iverson 6. (c) Age of husband or wife if alive Deceased

7. Birth date of deceased February 14 1870 (Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 7 If less than one day hr. min.

9. Birthplace Rossville Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Retired

12. Name John Holmes

13. Birthplace Cole County Illinois (City, town, or county) (State or foreign country)

14. Maiden name Margaret Prather

15. Birthplace Cole County Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth W. Stewart

(b) Address 1402 Jackson

17. (a) Burial (b) Date thereof Jan 23 1945 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope

18. (a) Signature of funeral director Hurlbut Und Co.

(b) Address Joplin, Mo.

19. (a) 1-23-45 (b) [Signature] (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5
(d) Street No. 220 Pearl (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 11
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21 year 1945 hour 4 minute 40 AM.

21. I hereby certify that I attended the deceased from Apr. 1944 to Jan. 21 1945 that I last saw him alive on Jan. 10 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Sclerosis (Senile dementia) 15 yrs. Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 87d

Major findings: Of operations ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED 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) (c) Means of injury

23. Signature [Signature] (M. D. or other) Address Joplin Mo. Date signed 1/23/45

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

MOTHER FATHER

Dr Neff

49

512

1207

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____

Donald S. Blue

Registered Apprentice No. *377*

working under my personal supervision.

Signed *Ray K. Hurd*

Licensed Embalmer No. *959*

P. O. Address *Josephine, 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.