

FILED FEB 15 1945

Registration District No. 341

Primary Registration District No. 3075

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Dexter, Mo.
(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) 1
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Dexter
(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 Ira Andrew Ivey,

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife of Minnie J. Ivey 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Feb. 5, 1885
(Month) (Day) (Year)

8. AGE: Years 59 Months 11 Days 7 If less than one day hr. _____ min. _____

9. Birthplace Providence Ky. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer,

11. Industry or business Timber

12. Name Jack Ivey

13. Birthplace Ky. 1
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Bruce

15. Birthplace Ky. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Ivey

(b) Address Dexter Mo.

17. (a) Burial (b) Date thereof 1.16.45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harviell, Mo. Kinsey

18. (a) Signature of funeral director Watkins Funeral Home

(b) Address Dexter, Mo.

19. (a) 1-22-45 (b) Nora Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12
year 1945 hour 6 minute 15P M.

21. I hereby certify that I attended the deceased from Jan. 1 45 to Jan. 12 45;
that I last saw him alive on Jan. 12 19 45
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic myocarditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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) (e) Means of injury _____

23. Signature W. C. Dickerson M. D. or other _____

Address Dexter, Mo. Date signed Jan 13/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1129

RECEIVED

District Health Office No. 2,

District File Number 245-145

Date Filed 2-7-45

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 Raymond Steele
Licensed Embalmer No. 2476
P. O. Address Weston Md

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.