

FILED JUN 13 1945

4046 5117A

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Rural Cedarburg  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Hartsburg R.F.D.  
(If not in hospital or institution, write street number or location)

(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 Boone

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

(d) Street No. Hartsburg Mo R.F.D. 1  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John E. Irons

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  divorced

6. (b) Name of husband or wife Gertrude M. Irons

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Oct. 25 1862  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>7</u>	<u>6</u>	_____ hr. _____ min.

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

10. Usual occupation Farmer

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

12. Name Ephraim W. Irons

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

14. Maiden name Celia Pico

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

16. (a) Informant Mrs. Gertrude Irons

(b) Address Hartsburg Missouri

17. (a) Burial (b) Date thereof 6-2-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonds Chapel Corn.

18. (a) Signature of funeral director W. C. Burnett

(b) Address Hartsville Missouri

19. (a) 612-45 (b) Walter W. Meyer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31  
year 1945 hour 4 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from 1940, 19 \_\_\_\_\_, to 1945, 19 \_\_\_\_\_  
that I last saw him alive on May 29, 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure

Due to General arterio-sclerosis

Due to Rheumatism

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 47

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. P. Meyer (M. D. or other) \_\_\_\_\_  
Address Hartsburg Date signed 6-4-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10  
2  
4

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-12-45

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.....

Le Roy Clapp  
working under my personal supervision.

Registered Apprentice No. 374

Signed Wm C. Burnett

Licensed Embalmer No. 3564

P. O. Address Asheville 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.