

**FILED** JAN 5 1945  
 Registration District No. **93**

Primary Registration District No. **4155**

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

**1. PLACE OF DEATH:**  
 (a) County Dade  
 (b) City or town Ederton, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
none  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution none  
(Specify whether  
 In this community 10 years  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Dade  
 (c) City or town Ederton, Missouri  
(If outside city or town limits, write "RURAL")  
 (d) Street No. ✓  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Nathaniel Otis Ivey  
 3. (b) If veteran, name war nil  
 3. (c) Social Security No. nil

**MEDICAL CERTIFICATION**  
 20. **DATE OF DEATH:** Month Dec day 6<sup>th</sup>  
 year 1945 hour 4:00 minute 00 P.M.  
 21. I hereby certify that I attended the deceased from June 15  
 \_\_\_\_\_, 1945, to Dec. 6, 1945;  
 that I last saw h. live alive on Dec. 6, 1945;  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Olivia E.  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Feb. 20 1868  
(Month) (Day) (Year)

Immediate cause of death Infarct - Peritonial Hemorrhage  
 Duration \_\_\_\_\_

**8. AGE:** Years 77 Months 9 Days 16  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to CARCINOMA & PROSTATE  
 Due to \_\_\_\_\_

9. Birthplace Greene County, Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Retired farmer

Other conditions None  
(Include pregnancy within 3 months of death)

**11. Industry or business**  
 12. Name Wm Anderson Ivey  
 13. Birthplace Greene  
(City, town, or county) (State or foreign country)  
 14. Maiden name Annabell Davis  
 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

**PHYSICIAN**  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy 5/18  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Clifford Ivey  
 (b) Address Ederton, Mo. R. 1  
 17. (a) Burial (b) Date thereof Dec. 8, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Spring Creek, Co. Mo.  
 18. (a) Signature of funeral director Seve & Parr  
 (b) Address Walnut Grove, Mo.  
 19. (a) 12/11/45 (b) Mo. Ivey  
(Date received local registrar) (Registrar's signature)

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 A. F. Hays Dr.  
 Address Ederton Date signed 12/6/45

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**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.....

Licensed Embalmer No. 2664

P. O. Address Ark Iron 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.**