S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42684

FILED JAN 11 1946

Registration District No. 352 Primary Registration District No. 4517 Registrar's No.

1. PLACE OF DEATH:

(a) County Taney

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

(c) Name of hospital or institution: (none) West Main St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 3 months & 12 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell 46

(c) City or town Rural West Plains 0 (If outside city or town limits, write "RURAL")

(d) Street No. Route 2 0 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME LEON IOTT

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Polly O'Wings Iott

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased February (Month) 9 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
76	9	17	6 hr. 20 min.

9. Birthplace Paxico, Wabansee County Kansas (City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business

FATHER
12. Name Oliver Iott
13. Birthplace Montreal Canada (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Flavia Elizabeth Habard
15. Birthplace Leavenworth, Kansas (City, town, or county) (State or foreign country)

16. (a) Informant Clifford Iott

(b) Address Excelsior Springs, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-2-1945 (Month) (Day) (Year)

(c) Place burial or cremation Oak Memorial Park Branson

18. (a) Signature of funeral director R. O. Whelchel

(b) Address Branson Mo

19. (a) Dec. 2-45 (Date received local registrar) (b) Archie Brookshire (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27 year 1945 hour 6.20 minute A M.

21. I hereby certify that I attended the deceased from Aug 22, 1945 to Nov 27, 1945 that I last saw him alive on 11/27, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	1 mo
Due to: Chronic Glomerulonephritis	3 mo
Due to: Cystitis	" "
Other conditions: Pneumonia (Include pregnancy within 3 months of death)	2 hrs

Major findings:
Of operations
Of autopsy

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 Paul E. Roberts D.O. (M.D. or other)

Address Branson, Mo Date signed 11/30/45

1622

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 146-1
Date Filed JAN 8 1946

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 Minnie L. Whitehead

Licensed Embalmer No. 2277

P. O. Address Bunnam 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.