

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
FILED JUL 8 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 202

Registration District No. 4-3

Primary Registration District No. 5143

1. PLACE OF DEATH:

(a) County Bullitt
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 15 yrs (years, months or days)

3. (a) PRINT FULL NAME THOMAS ALLEN IVY

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept 6 1875 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>9</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace Ripley Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name JIM IVY

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

14. Maiden name Ressie M. Wallace

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

16. (a) Informant M. M. Wheeler

(b) Address Rt #5 Poplar Bluff, Mo.

17. (a) BURIAL (b) Date thereof 6-25-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation KIMSEY CEMETERY

18. (a) Signature of funeral director W. J. Sullivan

(b) Address Black's Mortuary, Poplar Bluff, Mo.

19. (a) 6/25/46 (b) W. J. Sullivan (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bullitt
(c) City or town Rural (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month June day 22 year 1946 hour 2 minute 30 M.

21. I hereby certify that I attended the deceased from June 15, 1946, to June 21, 1946, that I last saw him alive on June 21, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes

Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy (A)

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 injury) (c) Means of injury _____

23. Signature J. J. Fair (M. D. or other)
Address Freeville, Mo. Date signed June 22 1946

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No. 2,

District File Number 746-795

Date Filed 2-3-46

APR 9 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 Roman J. Selig, Jr.
Licensed Embalmer No. 15762
P. O. Address Corning, Ark

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.