S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 28 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27996

Registration District No. 278 Primary Registration District No. 3054 Registrar's No.

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 125 Frankford Road. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 20 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82
(c) City or town Louisiana 2
(If outside city or town limits, write "RURAL")
(d) Street No. 125 Frankford Road. /
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ISRAEL EVERETT IVES

3. (b) If veteran, name war

3. (c) Social Security No. 493-05-9577

4. Sex Male ( )

5. Color or race White

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

6. (b) Name of husband or wife Jessie Ives

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased January (Month) 12 (Day) 1892 (Year)

8. AGE: Years 54 Months 6 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Middletown (City, town, or county) Missouri (State or foreign country) U

10. Usual occupation Butcher & Meat Cutter

11. Industry or business Grocery & Meat Market

FATHER
12. Name Frank Ives
13. Birthplace Olney (City, town, or county) Missouri (State or foreign country) U

MOTHER
14. Maiden name Julia Harding
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) U

16. (a) Informant Mrs I. E. Ives.
(b) Address Louisiana, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/14/'46. (Month) (Day) (Year)
(c) Place: burial or cremation Riverview Cemetery

18. (a) Signature of funeral director Garner & Sterne
(b) Address Louisiana Missouri

19. (a) aug 14/46 (Date received local registrar) (b) Margret E. Stephens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11
year 1946 hour 11 minute 45 a M.

21. I hereby certify that I attended the deceased from ....., 1940 to 8-11, 1946
that I last saw him alive on 8-10-, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Dilatation of Heart	
Due to: Myocarditis	6 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

93D

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) No
(b) Date of occurrence None
(c) Where did injury occur? No (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)
While at work? No (e) Means of injury No 0

23. Signature [signature] (M. D. ~~or other~~)
Address Louisiana, Mo. Date signed 8-13-46

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(Licensed Embalmer's Statement on Reverse Side)

AUG 30 1946

SEP 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 Harold F. Gorman

Licensed Embalmer No. 3720

P. O. Address Lewiston Me

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.