

FILED FEB 20 1947

State File No.

Registration District No. 324

Primary Registration District No. 6092

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Napton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 65 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97
(c) City or town Napton 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Samuel Sherman Igo

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 Widowed
(b) Name of husband or wife Laurie Dennis Igo 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased February 24th, 1871
(Month) (Day) (Year)

8. AGE: Years 75 Months II Days 8 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Retired

12. Name Levi Igo

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

14. Maiden name Mary Dennis

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

16. (a) Informant Samuel Igo

(b) Address Napton, Mo.

17. (a) Burial (b) Date thereof Feb. 4, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smith Chapel cemetery

18. (a) Signature of funeral director Samuel Igo
(b) Address Marshall, Mo.

19. (a) 2/14-1947 (b) Sidney T Gray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4 year 1947 hour 3 minutes 10 P.M.

21. I hereby certify that I attended the deceased from Feb 2 to Feb 4 1947 that I last saw him alive on Feb 2 and that death occurred on the date and hour stated above.

Immediate cause of death: Angina Pectoris
Duration 6 hrs

Due to

Due to

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

Major findings: Of operations

Of autopsy 94B

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence

(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?

While at work? no (Specify type of place) (e) Means of injury

23. Signature Samuel Igo (M. D. or other)

Address Napton, Mo. Date signed 2/14/47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-19-47

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 Orl W. Campbell Jr.

Licensed Embalmer No. 3769

P. O. Address Marshall, 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.