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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26611

FILED AUG 3 4 1947
Registration District No. 271947

Primary Registration District No. 4551

Registrar's No. 33

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

1. PLACE OF DEATH:

(a) County Wright

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

(c) Name of hospital or institution: At the home of J.R. Mott in Hartville
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wright 114

(c) City or town Hartville 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? NO. (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME IRIS CLAY MOTT DUKE

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex F. / 5. Color or race W.

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased 10 3 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

42 9 10 hr. _____ min.

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

10. Usual occupation House Keeper

11. Industry or business _____

MOTHER FATHER { 12. Name Dr. J. R. Mott

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

14. Maiden name Frances Todd

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

16. (a) Informant Dr. J. R. Mott

(b) Address Hartville Mo.

17. (a) Burial (b) Date thereof 7 16 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Steel Mem. Cem.

18. (a) Signature of funeral director Gene E. Holden

(b) Address Hartsville Mo

19. (a) July 24, 1947 (b) E. B. Garner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 13
year 1947 hour 8:00 minute 20 A.M.

21. I hereby certify that I attended the deceased from June 1 1947 to July 13 1947
that I last saw her alive on June 30 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lungs 6.8 Mo
since

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 J. A. Fuson (M. D. or other) _____

Address Manassas Mo Date signed July 14, 1947

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

AUG 19 1947

RECEIVED

District Health Officer No. 6,

District File Number 847-824

Date Filed AUG 12 1947

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 Gene E Holdren

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.