

FILED OCT 31 1947

Registration District No. 174

Primary Registration District No. 4234

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Ironton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 10 miles southeast of Arcadia
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Infant Persons

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 15 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 1 12 hr. min.

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

10. Usual occupation none

11. Industry or business _____

12. Name Everette Persons

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

14. Maiden name Hazel Young

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

16. (a) Informant Everette Persons

(b) Address Arcadia Missouri

17. (a) burial (b) Date thereof 10-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arcadia Missouri

18. (a) Signature of funeral director Norman White & Sons

(b) Address 212 W. Ironton Missouri

19. (a) 10-27-47 (b) Alice Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17
year 1947 hour 2 minute 00 A. M.

21. I hereby certify that I attended the deceased from 10-15-47, 19, to 10-17-47, 19;
that I last saw him alive on 10-17-47, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral atelectasis (congenital) Duration Days

Due to Premature Birth "

Due to _____

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

Major findings: 159
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? _____

While at work? _____ (Specify type of place) (e) Means of injury mid.

23. Signature R. E. Harland (M. D. or other) _____

Address Ironton, Mo Date signed 10-20-47

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

MOTHER FATHER

RECEIVED

Health Officer No. 4

File Number 1047-1326

Date Filed 10-30-47

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.....

Was not embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed James F. Hill

Licensed Embalmer No. 3012

P. O. Address Clinton Hill

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.