

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37381**
Registrar's No. **168**

Registration District No. **5-9**

Primary Registration District No. **5224**

1. PLACE OF DEATH

(a) County **Pass**
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 miles E of Harrisonville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **At Home**
1
In this community **7 months**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Ira C. Azdell

3. (b) If veteran, name war **No**

3. (c) Social Security 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 **Sept. 26-1868**
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 **1** **16** hr. min.

9. Birthplace **Peculiar, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer 10 yrs retired**

11. Industry or business

12. Name **John Azdell**

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

14. Maiden name **Elizabeth E Azdell**

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

16. (a) Informant **Mrs Chas Welborn**

(b) Address **Harrisonville Mo**

17. (a) **Removal** (b) Date thereof **11/13/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation **Little York Ill**

18. (a) Signature of funeral director **Arthur Burt**
(b) Address **Harrisonville Mo**

19. (a) **Nov. 12, 1947** (b) **Laura J. Jones**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Ill** (b) County **Warren**
(c) City or town **Monmouth**
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **2**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **11**
year **1947** hour **4** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Nov. 8**, 1947, to **Nov. 11**, 1947
that I last saw him alive on **Nov. 8**, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death **apoplexy**
Due to **arteriosclerosis**

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?

(Specify type of place)

While at work? (c) Means of injury **2**

23. Signature **Dr C E Eyerell** (M. D. or other) **D.O.**

Address **Harrisonville, Mo.** Date signed **11/12/47**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

FEB 1 1967

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 Hayd. Atkinson
Licensed Embalmer No. 3920
P. O. Address Harrisonville

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.