

S. No. 2
-12-45
5-17-39
PI X47070

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

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 109

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Newsho
(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 _____ (Specify whether)

In this community 32 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Newsho 3
(If outside city or town limits, write "RURAL")

(d) Street No. 335 S. Washington 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME LUCY ELIZABETH IRONS

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE **5. Color or race** White

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

6. (b) Name of husband or wife DOUGLAS IRONS

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

7. Birth date of deceased July 7 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 28 year 1947 hour 12:50 minute 2 M.

21. I hereby certify that I attended the deceased from Jan 1947 to
May 30, 1947 **that I last saw him alive on** May 30 1947
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>4</u>	<u>25</u>	hr. _____ min. _____

Immediate cause of death
Arteriosclerotic heart disease

Due to _____

Due to _____

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

10. Usual occupation RETIRED

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

11. Industry, or business _____

12. Name JOHN FIELDS

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

14. Maiden name EMMA JACOBS

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

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? _____

16. (a) Informant Mrs. Jessie Graham

(b) Address Newsho Mo.

17. (a) Burial (b) Date thereof 12-4-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newsho 2.005

18. (a) Signature of funeral director Carley Thompson
(b) Address Newsho Mo.

19. (a) Dec'd Nov 5, 1947 (b) Melvin C. Bonaman
(Date received local registrar) (Registrar's signature)

Physician
Underline the cause to which death should be charged statistically.

23. Signature F. F. Whitford (M. D. or other) _____
Address Newsho Mo. Date signed 12-5-47

JAN 12 1948

DEC 7 1949

RECEIVED

District Health Officer No. Newton
District File Number 1247-226
Date Filed DEC 8 1947

JUN 28 1956

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 Corley Thompson
Licensed Embalmer No. 3259
P. O. Address Neesho 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.