S. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42756

Registration District No. ____ Primary Registration District No. 6059 Registrar's No. 8

1. PLACE OF DEATH
(a) County St. Clair
(b) City or town Rural - Collins Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community 20 years

2. USUAL RESIDENCE OF DEACESED:
(a) State Missouri (b) County St. Clair 93
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Collins Twp 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country ____

3. (a) PRINT FULL NAME AITA L. IRONS
3. (b) If veteran, name war — 3. (c) Social Security No. —
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John H. Irons 6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased Feb. (Month) 6 (Day) 1865 (Year)
8. AGE: Years 82 Months 9 Days 26 If less than one day ____ hr. ____ min.
9. Birthplace Glenwood (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Own home
FATHER 12. Name Herman R. Lyons
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Ada J. Karnes
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant John H. Irons
(b) Address Collins, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 4, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Humansville Cem.
18. (a) Signature of funeral director E. H. Grimm
(b) Address Humansville Mo.
19. (a) 12-16-47 (Date received local registrar) (b) Ethelene Clifford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2 year 1947 hour 3 minute 00 A. M.
21. I hereby certify that I attended the deceased from 11/25, 1947 to 12/1, 1947 that I last saw her alive on 12/1, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Endocarditis	
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: 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 ____
23. Signature R. Mark Todd M.D. (M. D. or other)
Address Osceola, Mo. Date signed 12/2/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Office No. 7
11-47-1464
Date Filed 12-23-47

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 William J Cresswell, Registered Apprentice No. 472, working under my personal supervision.

Signed E H Primm

Licensed Embalmer No. 4282

P. O. Address Hunnansville, 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.