

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 9676Registration District No. 274Primary Registration District No. 3052Registrar's No. 67

## 1. PLACE OF DEATH:

(a) County Pettis  
 (b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Bothwell Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 1/2 hours  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN WESLEY IGO

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Ollie Meyer Igo 6. (c) Age of husband or wife if alive 56 years  
 7. Birth date of deceased March 21, 1877  
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 13 If less than one day  
hr. min.

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

10. Usual occupation Farmer11. Industry or business Agriculture

MOTHER FATHER  
 12. Name Louis Igo  
 13. Birthplace Kincade, Kentucky  
(City, town, or county) (State or foreign country)  
 14. Maiden name Amanda Levis  
 15. Birthplace Tipton, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ollie M. Igo (wife)(b) Address Route 1, Sedalia, Mo.

17. (a) Burial (b) Date thereof 3/7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Syracuse, Missouri

18. (a) Signature of funeral director Phonon Ewing  
 (b) Address Sedalia, Mo.

19. (a) 3/6/48 (b) Betty Yeager  
(Date received local registrar) (Registrar's signature) Deputy

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
 (c) City or town Sedalia (Rural)  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Route 1  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4  
 year 1948 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from March 4 9am 1948 to March 4 5pm 1948  
 that I last saw him alive on March 4 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Emphysema & Myocardial Infarction  
 Duration \_\_\_\_\_

Due to EmphysemaDue to Confirmed Epilepsy

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

Major findings:  
 Of operations Emphysema  
 Of autopsy Confirmed Epilepsy  
 PHYSICIAN GOB  
 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)  
 Means of injury MO.

23. Signature Phonon Ewing (M. D. MO.)  
 Address 111 W 4 Sedalia Date signed 3-6-48

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 3-19-48

*Dr. [unclear]*

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 \_\_\_\_\_

Hansen K. Ditzge, Registered Apprentice No. 70  
working under my personal supervision.

Signed Ernest Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.