

No. 2
1/47,
7-39

700, W.C. ...
St. 1 15232
State File No.

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
STANDARD CERTIFICATE OF DEATH

FILED MAY 5 1948
Registration District No. 361

Primary Registration District No. 6227

Registrar's No.

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
Wheat 7, Nevada, 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Vernon 108
(c) City or town Moundville 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Blanch A. Iovrin
3. (b) If veteran, no name war

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4 day 21 84
year 48 hour 1030 minute 0 M.
21. I hereby certify that I attended the deceased from

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leslie C. Iovrin
6. (c) Age of husband or wife if alive 51 years

Immediate cause of death Angina Pectoris
Due to

7. Birth date of deceased Dec. 23, 1896
(Month) (Day) (Year)

Due to

8. AGE: Years Months Days If less than one day
51 3 28 hr. min.

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Vernon Co. Mo
(City, town, or county) (State or foreign country)

Major findings: Of operations 94 B

10. Usual occupation Oil washer

Of autopsy no

11. Industry or business

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 4-21-48

12. Name Obdiah Coleman
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

(b) Date of occurrence

14. Maiden name Ansara Kalk
15. Birthplace Pekin
(City, town, or county) (State or foreign country)

(c) Where did injury occur?

16. (a) Informant Leslie C. Iovrin
(b) Address Moundville, Mo
(c) Place: burial or cremation Right Church

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public road in Car
While at work? no (Specify type of place)
(e) Means of injury

18. (a) Signature of funeral director Richard Marsh
(b) Address Nevada, Mo
19. (a) April 28, 1948 (b) Mar W. C. Grages
(Date received local registrar) (Registrar's signature)

23. Signature Marsh, Richard Cover
Address Nevada, Mo Date signed 4-21-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 74

District File Number 4-48-466

Date Filed 5-4-48

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 Mark Eickinger
Licensed Embalmer No. 2626
P. O. Address Nevada, 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.