FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 7 1948

Registration District No. 139

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5536

State File No. 22982

Registrar's No. 75

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

1. PLACE OF DEATH:
(a) County Holt
(b) City or town Oregon-Rural
(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 Lifetime

2. USUAL RESIDENCE OF DECEASED: 44
(a) State Missouri (b) County Holt
(c) City or town Oregon-Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Madison Iddings
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Caroline Iddings
6. (c) Age of husband or wife if alive 95 years
7. Birth date of deceased February (Month) 8 (Day) 1852 (Year)

8. AGE: Years 96 Months 5 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace Oregon (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name Isaac Iddings
13. Birthplace N. Carolina (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Ann
15. Birthplace Virginia (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. James M Iddings
(b) Address Oregon, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Oregon, Missouri
18. (a) Signature of funeral director James H Pettyjohn
(b) Address Oregon Mo.
19. (a) 7-4 (Date received local registrar) (b) J Cray (Registrar's signature) 122

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1948 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 12, 1948 to July 25, 1948 that I last saw him alive on July 12, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis

Due to arthritis and Nephritis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 926

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature F E Hogan MD
Address Mound City Mo Date signed 7-26-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

NOV 25 19[illegible]

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 James H. Pittzolus

Licensed Embalmer No. 3192

P. O. Address Oregon 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.