

JAN 14 1942 198

Registration District No. \_\_\_\_\_

Primary Registration District No. 3011

Registrar's No. 196

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Excelsior Springs  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: The Ball Clinic  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution yes 1 month 7 days  
(Specify whether years, months or days)  
In this community 1 month 7 days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME IRA DOOLITTLE

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 single

6. (b) Name of husband or wife no 6. (c) Age of husband or wife if alive no years

7. Birth date of deceased unknown (Month) (Day) (Year) 1870

8. AGE: Years about 71 Months unknown Days unknown If less than one day hr. min.

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

10. Usual occupation unknown

11. Industry or business unknown

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Missie Doolittle

(b) Address 319 S. Mildrum St., Ft. Collins, Col

17. (a) REMOVAL (b) Date thereof 1-2-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pocatella, Idaho

18. (a) Signature of funeral director Herbert Noye

(b) Address Excelsior Springs

19. (a) 1-3-42 (b) Missie Doolittle  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31  
year 1941 hour 1 pm minute 41 M.

21. I hereby certify that I attended the deceased from 11/24/41 to 12/31/41, 19\_\_\_\_  
that I last saw him alive on 12/31/41, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac renal disease  
Duration many yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)

23. Signature Thos. Nielsen (M. D. or other) \_\_\_\_\_

Address Excelsior Springs MO Date signed 12/31/41

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

MOTHER FATHER

MAR 17 1942

RECEIVED

District Health Officer No. 8,

District File Number

1-9-42

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

Scott W. Hockensmith

Licensed Embalmer No.

3597

P. O. Address

Excelsior Springs

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.