

FILED JUN 20 1946
Registration District No.

Primary Registration District No. 6152

Registrar's No. 9

1. PLACE OF DEATH:

(a) County **Stoddard**

(b) City or town **Rural Liberty Twp.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **Home**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **20 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Stoddard**

(c) City or town **Rural**
(If outside city or town limits, write "RURAL")

(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 **Ida Caldonia Medlin**

3. (b) If veteran, name war *********

3. (c) Social Security No. *********

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **5th** year **1946** hour **11¹⁵** minute **02¹⁵** M.

21. I hereby certify that I attended the deceased from **Jan 1st 1945** to **May 5th 1946**
that I last saw her alive on **May 3rd 1946** and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Lapoleon Medlin**

6. (c) Age of husband or wife if alive **Deceased** years

7. Birth date of deceased **January 29 1884**
(Month) (Day) (Year)

Immediate cause of death **Arteriosclerosis of Coronary Arteries**
Due to **Coronary Occlusion**

Duration **2 1/2 hrs**

8. AGE: Years **62** Months **3** Days **6**
If less than one day hr. min.

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

10. Usual occupation **house wife**

11. Industry or business:

12. Name **Muff White**

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

14. Maiden name **Evel Atnip**

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **9**
Of autopsy **9**

Underline the cause to which death should be charged statistically.

16. (a) Informant **Nettie Medlin**

(b) Address **Malden, Missouri**

17. (a) **Burial** (b) Date thereof **5/7/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bernie Cemetery**

18. (a) Signature of funeral director **Robert E. Drum**

(b) Address **Bernie, Missouri**

19. (a) **6/8-46** (b) **Lottie Jeffress**
(Date received local registrar) (Registrar's signature)

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

23. Signature **S.E. Mitchell** (M. D. or other) **M.D.**
Address **Malden, Mo.** Date signed **5/16/46**

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

MOTHER FATHER

RECEIVED

District Health Office No. 2

District File Number 646-143

Date Filed 6-17-46

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

J. G. Scherman

Licensed Embalmer No. 4086

P. O. Address

Weldon, Md

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.