Miscellaneous Record, No. 25, Madison County, Iowa

Clerk District Court in Polk County, Iowa.
To
The Public

#1544

Fee $ .90

Filed for record the 14 day of February A. D. 1951 at 9:30 o'clock A. M.
Wilma M. Wade, Recorder
Mary E. Welty, Deputy

CERTIFIED COPY

Iowa State Department of Health
Division of Vital Statistics
Birth No. -

CERTIFICATE OF DEATH
STATE OF IOWA

State File No. -

1. PLACE OF DEATH a. County Polk b. City (if outside corporate limits, write RURAL and give township) or Town Des Moines

c. Length of Stay (in this place) 30 yrs d. Full Name of Hospital or Institution (if not in hospital or institution, give street address or location) Veterans Administration

2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission.)
a. State Iowa b. County Polk
c. City or Town (if outside corporate limits, write Rural and give township) Des Moines Bloomfield, Township (if rural, give location) d. Street Address R R #6

3. NAME OF (Type or Print) a.(First) Lester J. b.(Middle) - c.(Last) Gilmore
4. Date of Death (Month) April (Day) 3 (Year) 1949

5. Sex Male
6. Color or Race White
7. Married, Never Married, Widowed, Divorced (Specify) Married
8. Date of Birth 9/4/93

9. Age (In years last birthday) 56 If under 1 Yr. Mos.- Days- If under 24Hr. Hours- Min.-
10a Usual Occupation (Give kind of work done during most of working life, even though retired) Dental laboratory technician
10b. Kind of Business or Industry -

11. Birthplace (State or foreign country) Iowa
12. Citizen of What Country? USA
13. Father's Name Judson Gilmore

14. Mother's Maiden Name Emma Maus
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW

16. Social Security No. -
17. INFORMANT'S SIGNATURE Ross W. Cline for and
ROSS W. CLINE, Registrar, VA Records, Des Moines, Iowa

18. Cause of Death Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		Interval Between Onset and Death
I. Disease or Condition Directly Leading to Death*	(a) Cardiac failure	-
Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	Due to (b) hypertension	-
	Due to (c) glomerulo nephritis	-
II. Other Significant Conditions Conditions contributing to the death but not related to the disease or condition causing death.	-	

19a. Date of Operation None
19b. Major Findings of Operation -
20 Autopsy? Yes - No -

21a. Accident Suicide Homicide (Specify) -
21b. Place of Injury (e.g., in or about home, farm, factory, street, office bldg., etc.) -

21c. (City, Town, or Township) - (County) - (State) -
21d. Time of Injury (Month) - (Day) - (Year) - (Hour) m.

21e. Injury Occured While at work - Not while at work -
21f. How Did Injury Occur? -

22. I hereby certify that I attended the deceased from April 2, 1949, to April 3, 1949, that I last saw the deceased alive on April 3, 1949, and that death occured at 1:50 A.M., from the causes and on the date stated above.

23a. ATTENDANT'S SIGNATURE (Degree or Title)
Eugene Leiter M.D.
EUGENE LEITER M.D.
23b. Address VA Center, Des Moines, Iowa

23c. Date Signed 4/3/49
24a. Burial, Cremation, Removal (Specify) Burial
24b Date April 5, 1949

24c Name of Cemetery or Crematory Glendale Cemetery
24d. Location (City, town, or county) Des Moines, (State) Iowa

25. FUNERAL DIRECTOR'S SIGNATURE Earl D. McLaren
Address West Des Moines, Iowa
License Number 1450

26. Date Rec'd by Local Registrar 4-8-49
REGISTRAR'S SIGNATURE Hildur Renner
File Number 620

LICENSED EMBALMER'S CERTIFICATE

I, John B. McLaren, Licensed Embalmer No. 3363, hereby certify that the body recorded on reverse side of this certificate was embalmed by myself, L.E. No. -, or by - Registered Student No. -

Signed: John B. McLaren

STATE OF IOWA POLK COUNTY SS:

I, MICHAEL H. DOYLE, JR., CLERK OF THE DISTRICT COURT IN AND FOR POLK COUNTY, HAVING CUSTODY OF BIRTH AND DEATH RECORDS OF SAID COUNTY, DO HEREBY CERTIFY THAT THE FOREGOING IS A PHOTOSTATIC COPY FROM THE ORIGINAL RECORD IN THIS OFFICE AND FROM THE WHOLE THEREOF.

DATED AT DES MOINES, IOWA, IN SAID COUNTY, ON THE 9th DAY OF April, 1949.

(DISTRICT COURT SEAL) COMPARED

Michael H. Doyle Jr.
CLERK OF THE DISTRICT COURT
Alma M. Crowningshield DEPUTY

Sara E. Quin
To
The Public

#1596
Fee $ .50

Filed for record the 14 day of February A. D. 1951 at 4:48 o'clock P. M.

Wilma M. Wade, Recorder

AFFIDAVIT

STATE OF IOWA UNION COUNTY) ss

I, Sara E. Quin, being first duly sworn on oath depose and say that I am a resident of Creston, Union County, Iowa, and have been for over 40 years last past. That I was well and personally acquainted with C. L. Dickinson during his lifetime and know that his full and complete name was Chester L. Dickinson. That I know that he died a resident of Creston, Union County, Iowa and that his estate was admitted to probate in the District Court of the State of Iowa, in and for Union County, and that he died on or about December 20th, 1939.

That I know that he left a last will and testament and at the time of his death left no spouse surviving him and that no child or children were born to him nor adopted by him after November 25th, 1933, the date of his last will and testament.

That at the time of his death he was the owner of the West Half of the Southwest Quarter of Section 21, Township 76 North, Range 29, West of the 5th P.M. in Madison County, Iowa.

That this affidavit is made at the request of the present owner in possession of said premises and for the purpose of explaining some apparant defects in the title to said real estate, or to explain the clouds reflecting on said title.

Sara E. Quin

Subscribed and sworn to before me by the said affiant this 13 day of February, 1951.

NOTARIAL SEAL

R. H. Werner Notary Public
in and for Union County, Iowa

Ward McCleary &
R. Edward Baur
To
The Public

#1597
Fee $.60

Filed for record the 15 day of February A. D. 1951 at 7:59 o'clock A. M.

Wilma M. Wade, Recorder

AFFIDAVIT

State of Iowa Madison County) ss:

I, Ward McCleary, and I, R. Edward Baur, of said county and state, each being first duly sworn on oath depose and say that we have been residents of Madison County, Iowa, for more than 20 years last past, and during all of said time have lived in the neighborhood of and been familiar with the title, ownership, and occupancy of the South Half of Fractional Sec. 31-77-26 and the North half of Fractional Section 6-76-26, in Madison County, Iowa, and we know of our own personal knowledge that Raymond E. Walker, J. R. Walker, Grace W. Bertholf Galdys W. McNerney, and Mary Smith, children and heirs at law of S. T. Walker, deceased, entered into possession of said real estate on or about Apr. 24, 1943, by virtue of inheritance from the said S. T. Walker, deceased, and that they and their grantors and predecessors in interest, immediate and remote, for more than 20 years last past, have been in the actual, open, notorious, continuous, adverse, exclusive, uninterrupted and peaceable possession, occupancy, and control of all of said real estate and every part and parcel thereof under claim of right and color of title, have occupied the same either by themselves or their tenants claiming under them, have cultivated and fenced the same and paid the taxes thereon, and received the rents, issues, and profits thereof, and that no claim of any kind adverse to the possession of said parties has ever been asserted to any of said real estate to our personal knowledge since long prior to Jan. 1, 1930, and that

State of Iowa
Madison County } ss.

I hereby certify that the annexed affidavit was filed by _____ the owners in possession of the Lands Mentioned therein. Dated February 15 1951

Wilma M. Wade Recorder