

REC'D JAN 13 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41910

Do not use this space.

4976

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 399
(b) Township RAW Primary Registration District No. 1002 Registered No. 4976
(c) City KANSAS CITY (d) Street No. TRINITY HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

652 INFANT IRWIN
(a) Residence, No. 5400 WABASH St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>SINGLE</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>DECEMBER 21 1938</u>		
7. AGE	YEARS	MONTHS
		1
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
<u>INFANT</u>		
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) <u>KANSAS CITY</u> (STATE OR COUNTRY) <u>MISSOURI</u> (9)		
13. NAME <u>RAY B. IRWIN</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>ALTAMONT</u> (STATE OR COUNTRY) <u>KANSAS</u>		
15. MAIDEN NAME <u>HARRIETT SCHWARTZ</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>MELVERN</u> (STATE OR COUNTRY) <u>KANSAS</u>		
17. INFORMANT <u>MR RAY IRWIN</u> (ADDRESS) <u>5400 WABASH</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>FOREST HILL</u> DATE <u>DEC-23 1938</u>		
19. FUNERAL DIRECTOR (NAME) <u>D.W. NEWCOMERSON</u> (ADDRESS) <u>1401 BRUSH CREEK</u>		
20. FILED <u>Dec 22 1938</u> <u>M. M. Crowe</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DECEMBER 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21 1938 to Dec. 22 1938
I last saw him alive on Dec. 22 1938 Death is said to have occurred on the date stated above, at 6:55 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset
Prematurity 7 1/2 months
159

Other contributory causes of importance:
atelectasis

Name of operation none Date of _____
What test confirmed diagnosis? Exam Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Eugene H. Ferguson M. D.
(Address) 933 1/2 N. 13th St.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.