

Registration District No. 796

Primary Registration District No. 3038

Registrar's No. 173

1. PLACE OF DEATH:

(a) County Saline 2  
(b) City or town Marshall  
(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)  
In this community All her life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Nannie Blackburn Irvine 615  
8. (b) If veteran, name war  8. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 13th, 1868  
(Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House keeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name William Andrew Irvine  
13. Birthplace Saline Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Helen Spencer Brown  
15. Birthplace Saline Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Geo. Irvine  
(b) Address 35-4 N 1st Street Danville  
17. (a) Burial (b) Date thereof Oct. 28, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cem.  
18. (a) Signature of funeral director Campbell Lewis  
(b) Address Marshall, Missouri  
19. (a) 10-27-39 (b) Mary Kent  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline  
(c) City or town Marshall  
(If outside city or town limits, write "RURAL")  
(d) Street No. 222 North Jefferson  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 26 day 1939  
year 1939 hour 5:45 PM minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from 1933, 19 \_\_\_\_\_, to Oct 26, 1939;  
that I last saw her alive on Oct 26, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death Actinomyces Duration 5 yrs  
Due to Mycelia Fungus

Other conditions (Include pregnancy within 3 months of death) 43

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) (e) Means of injury \_\_\_\_\_

23. Signature H. B. Hardin (M. D. or Other) !!  
Address Marshall Mo Date signed 10-27-39

WHILE FILLING IN THIS FORM USE UNWRAPPING BLACK INK—MAKE A PERMANENT RECORD

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.

1 X1931

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 11/14/39

**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 \_\_\_\_\_

W. Campbell, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed W. Campbell  
Licensed Embalmer No. 3469  
P. O. Address Marshall, 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, above space should be left blank.**