

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

43102
Do not use this space.

1. PLACE OF DEATH
 (a) County Clay Registration District No. 198
 (b) Township Fishing-River Primary Registration District No. 3011 Registered No. 174
 (c) City Excelsior Springs, Mo (d) Street No. Veterans Administration Facility 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. ds.

2. PRINT FULL NAME Alfred W. Irvine
 (a) Residence, No. 3121 Spruce, Kansas City, Mo. St. Kansas City, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Zelma Irvine
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22, 1889

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 28, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1939, to Dec. 28, 1939
 I last saw him alive on December 28, 1939 Death is said to have occurred on the date stated above, at 3:00 AM P.M.
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
50 2 6
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Automobile mechanic
 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) UNKNOWN 11. Total time (years) spent in this occupation. Unknown

Pulmonary and brain abscesses
 Date of onset
 Other contributory causes of importance:
Abscess, peritonsillary (history of)
 Name of operation None Date of ---
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oelwein, Iowa

FATHER 13. NAME George Irvine

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Margaret Patterson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE 12-29-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Claude Pritchard
Excelsior Springs, Mo.

20. FILED Dec 29, 1939 Mrs. Vera M. ...
 Local Registrar

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?
 If so, specify W. A. German
 (Signed) W. A. GERMAN, M. D.
 Clinical Director
 Veterans Administration Facility,
 Excelsior Springs, Mo.

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

Filed _____
File Number _____
Health Officer No. 8
EIVED

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.....

Walter Barker

Registered Apprentice No. 228

working under my personal supervision.

Signed

Claude Richard

Licensed Embalmer No. 2721

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, above space should be left blank.