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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31153

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3716

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri River and Winchester (If not in hospital or institution, write street number or location) 3

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 23 years (Kansas City Kans)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte

(c) City or town Kansas City, Kansas (If outside city or town limits, write "RURAL") 0

(d) Street No. 1514 Woodland Blvd. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ralph Irey, Junior

3. (b) If veteran, name war no

3. (c) Social Security No. 709-14-5387

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Thelma

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased June 13, 1917 (Month) (Day) (Year)

8. AGE: Years 23 Months 3 Days 10 If less than one day hr. min.

9. Birthplace Ottawa, (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation Salesman 1

11. Industry or business Candy and Tobacco Co. 1

FATHER
12. Name Ralph Irey, Senior
13. Birthplace Melvern (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Edith Burkett
15. Birthplace Baldwin (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Thelma J. Irey

(b) Address 1514 Woodland Blvd.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept. 25-40 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cemetery

18. (a) Signature of funeral director Simmons Funeral Home

(b) Address 1404 So 37th K.C. Kansas

19. (a) 9-24-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9-23-40 day year hour minute 2 P M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19 ; that I last saw alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Crushing Injury of Chest Lower Extremeties Fracture of the Skull

Due to

Due to Fall in Areoplane

Other conditions (Include pregnancy within 3 months of death) 214 B

Major findings: Of operations 34

Of autopsy Above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 9-23-40

(c) Where did injury occur? Kansas City (City or town) Jackson (County) Mo (State)

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

While at work? (e) Means of injury Fall in Areoplane

23. Signature Russell W. Fenn (M. D. or other) 5

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Paul H. Rowe

Licensed Embalmer No. 2347

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.