DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

NOV 20 1940

State File No. 35640

Registration District No. 431 Primary Registration District No. 3023 Registrar's No. 125

**1. PLACE OF DEATH:**

(a) County Johnson

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

(c) Name of hospital or institution: 411 Mulberry 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Johnson

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

(d) Street No. 411 Mulberry (If rural, give location)

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

3. (a) PRINT FULL NAME Mary Ellen Irle

3. (b) If veteran, name war

3. (c) Social Security No. None.

4. Sex Fe

5. Color or race Wh

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

6. (b) Name of husband or wife David W. Irle

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Sept. (Month) 13 (Day) 1879 (Year)

8. AGE: Years 61 Months 1 Days 2 If less than one day hr. min.

9. Birthplace Johnson Co. (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation housewife 1

11. Industry or business 0

FATHER
12. Name Samuel Reed
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Susan Linn
15. Birthplace Johnson Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature David W. Irle

(b) Address 411 Mulberry Warrensburg Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. (Month) 17 (Day) 1940 (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director W. F. Wilcox

(b) Address Warrensburg Mo.

19. (a) Oct 19-40 (Date received local registrar) (b) Bertie Genbry (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct. day 15 year 1940 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Jan 5th, 1940, to Oct. 15th, 1940; that I last saw her alive on Oct. 15th, 1940; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Carcinoma of stomach & liver. | 9 mo |
| Due to Metastatic from Carcinoma of colon | 2 yrs |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) 4-6 | |

Major findings:
Of operations
Of autopsy

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature O B Hall (M. D. ~~or other~~)

Address Warrensburg Mo Date signed 10/23/40

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-14-40

**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. 3053

P. O. Address Warrensburg Mo

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

**If this body is not embalmed, above space should be left blank.**