

**APR 15 1946** 614

45-5-5

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 6

1. PLACE OF DEATH:

(a) County Newton  
(b) City or town Granby Mo.  
(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 66 years! years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison  
(c) City or town Granby  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Joseph William Ireland  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 500-09-5846

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 1  
6. (b) Name of husband or wife Malvina Ireland 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 11, 1870  
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Washington Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer & farmer

11. Industry or business Farmer  
12. Name James B. Ireland  
13. Birthplace New York  
14. Maiden name Jarah E. Eggleston  
15. Birthplace West Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Ireland  
(b) Address Granby Mo

17. (a) \_\_\_\_\_ (b) Date thereof 3-28-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Granby Cemetery  
18. (a) Signature of funeral director John Ireland  
(b) Address Granby Mo

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 19  
year 1941 hour 8 PM minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Feb. 28  
\_\_\_\_\_, 1941, to March 19, 1941;  
that I last saw him alive on March 19, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic diffuse glomerular nephritis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration 2 yrs  
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? 5-1-41  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature John Ireland (M.D. or other) D.O.  
Address Granby Mo Date signed 3/20/41

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.

WHILE I REMAIN UNPUNISHED I WANT TO MAKE A PERMANENT RECORD

I 219511

RECEIVED

District Health Officer No. 0  
District File Number 441-624  
Date Filed APR 13 1941

RECEIVED BY VICE (47) - DEPT. OF HEALTH

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.....

James Nutman....., Registered Apprentice No.....  
working under my personal supervision.

Signed James Nutman.....

Licensed Embalmer No. 1917.....

P. O. Address Granby 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.



11482

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**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, fact should be so stated above.**