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7-39
X26390

Registration District No. **861**

Primary Registration District No. **6133**

Registrar's No. **18**

REC'D AUG 16 1941

1. PLACE OF DEATH:

(a) County **Jarvis**

(b) City or town **Forayth, Suran Twp**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: **2 weeks** (Specify whether years, months or days)

In this community: **2 weeks** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Israel A. Irwin**

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Kittie**

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

7. Birth date of deceased: **June 26 1856**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	1	7	hr. _____ min.

9. Birthplace **Chester County Penn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Brick mason**

11. Industry or business _____

MOTHER FATHER {

12. Name **Jeard P. Irwin**

13. Birthplace **Honeybrook Penn.**
(City, town, or county) (State or foreign country)

14. Maiden name **Johna Gallego**

15. Birthplace **Philadelphia Penn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lafayette A. Irwin**

(b) Address **1724 1/2 S. 13th, Springfield**

17. (a) **Burial** (b) Date thereof **7-27-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Springfield, Ill.**

18. (a) Signature of funeral director **J. B. Swans**

(b) Address **Forayth, Mo.**

19. (a) **July 19-41** (b) **Drene B. Reynolds**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Jarvis**

(c) City or town **Springfield Illinois**
(If outside city or town limits, write "RURAL" and name of township)

(d) Street No. **528 South 8th Street**
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country **L**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **19**
year **1941** hour **5:30** minute **0** M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw h_____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Acute myocardial infarction

Due to **Chronic K. mal.**

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) **200c**

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature **Drene B. Reynolds** (M. D. or other) _____
Address **Forayth, Mo.** Date signed **7-19-41**

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

RECEIVED

District Health Officer No. 6,

District File Number 841-1289

Date Filed AUG 13 1941

B

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 James Roller

Licensed Embalmer No. 4006

P. O. Address ava, 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.