

2-40
3-39
DC237

766-A

Registration District No. 31A

Primary Registration District No. 2001

1. PLACE OF DEATH

GREENE

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Springfield Baptist Hospital
(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 Mo (b) County Dallas
(c) City or town Buffalo
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 24
year 1941 hour 6 minute A M.
21. I hereby certify that I attended the deceased from 9-11, 1941, to 9-24, 1941;
that I last saw her alive on 9-23, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive bronchopneumonia
Due to Fracture femur
Due to Hypertension vascular

Duration
<u>7 yrs</u>
<u>9/11/41</u>

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

PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME

Ida Irwin

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife H. H. Irwin 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased 9 - 20 - 1884
(Month) (Day) (Year)

8. AGE: Years 57 Months 0 Days 4
If less than one day hr. _____ min. _____

9. Birthplace Dade Co. O Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name Theo. Kirby

13. Birthplace Unknown O Mo
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant H. H. Irwin

(b) Address Buffalo Mo

17. (a) Removal (b) Date thereof 9-26-41
(Burial, cremation, or removal) (Month) (Year)

(c) Place: burial or cremation Dak lawn

18. (a) Signature of funeral director L. B. Jones

(b) Address Buffalo Mo

19. (a) 10-16-41 (b) W. E. Haudley
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 9-11-41 030
(c) Where did injury occur? Buffalo Dade Co Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
While at work? Yes (Specify type of place) (e) Means of injury Fall over Fall
chair
23. Signature Robert Elyon (M. D. or other) PHN
Address Springfield Date signed 9/27/41

9877 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Dr. Geyman

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: *Clyde Montgomery*

Licensed Embalmer No. *3592*

P. O. Address *Buffalo 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, fact should be so stated above.