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Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:  
(a) County **Jackson,**  
(b) City or town **Kansas City**  
(c) Name of hospital or institution: **Menorah Hospital,**  
(d) Length of stay: In hospital or institution **1 day,**  
In this community **20 years,**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri,** (b) County **Jackson,**  
(c) City or town **Kansas City,**  
(d) Street No. **Bellerive Hotel,**  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME **Clarence B. Irving,**  
3. (b) If veteran, name war **World War,** 3. (c) Social Security No. **X**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, **Widowed,**  
6. (b) Name of husband or wife **Gwendlyn Irving,** 6. (c) Age of husband or wife if alive **1898** years  
7. Birth date of deceased **Unknown** (Month) (Day) (Year)

8. AGE: Years **43** Months Days If less than one day hr. min.

9. Birthplace **New York City,** (City, town, or county) (State or foreign country)

10. Usual occupation **Retired,**

11. Industry or business **Irving-Pirt Mfg. Co.**

MOTHER FATHER { 12. Name **J. B. Irving,**  
13. Birthplace **New York,** (City, town, or county) (State or foreign country)  
14. Maiden name **Anna Portsmouth,**  
15. Birthplace **Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Mr. James E. Nugent,**

(b) Address **Bryant Building, Kansas City, Mo.**

17. (a) **Cremation,** (b) Date thereof **11-26-41**  
(c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **11-25-41** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **November** day **24th,** year **1941,** hour minute M.

21. I hereby certify that I attended the deceased from **19** to **19** that I last saw him alive on **19** and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Emphysema**  
**(Cause determined pending further investigation)**

Due to **1941**

Other conditions **1941**  
Major findings: Of operations **None**  
Of autopsy **See above**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **125**  
(b) Date of occurrence **11-25-41**  
(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 **11/25/41**  
23. Signature **M. M. Crowe** (M. O. Registrar)  
Address **11-25-41** Date signed **11/25/41**

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

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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. 1413

P. O. Address 15, @. 1270

**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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. ....

Registration District No. ....

Primary Registration District No. ....

Registrar's No. **4364**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town .....  
(c) Name of hospital or institution:  
**Menorah Hospital**  
(d) Length of stay: In hospital or institution .....  
In this community ..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....  
(c) City or town .....  
(d) Street No. **Bellerive Hotel**  
(e) If foreign born, how long in U. S. A. ? ..... years.

3. (a) PRINT FULL NAME

**Clarence B. Irving**  
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 .....  
6. (b) Name of husband or wife ..... 6. (c) Age of husband, or wife, if alive ..... year  
7. Birth date of deceased (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month ..... day ..... year ..... hour ..... minute ..... M.  
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19..... that I last saw him alive on ..... 19..... and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day hr. min.  
**43**

Immediate cause of death  
**Barbiturate poisoning suggested by toxicological findings on stomach contents**  
Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

9. Birthplace (City, town, or county) (State or foreign country)  
10. Usual occupation .....  
11. Industry or business .....  
12. Name .....  
13. Birthplace (City, town, or county) (State or foreign country)  
14. Maiden name .....  
15. Birthplace (City, town, or county) (State or foreign country)

Major findings: Of operations .....  
Of autopsy .....  
PHYSICIAN **119-13**  
Underline the cause to which death should be charged statistically.

16. (a) Informant ..... (b) Address .....  
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)  
(c) Place: burial or cremation .....  
18. (a) Signature of funeral director ..... (b) Address .....  
19. (a) (Date received local registrar) (b) **M. M. Crowe** (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **As known**  
(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) (a) Means of injury .....  
23. Signature **Atch** (M. D. or other) .....  
Address ..... Date signed .....

SUPPLEMENTAL

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

MOTHER BROTHER

S-37569