

FILED NOV 5 1942

Registration District No. 310

Primary Registration District No. 2000

1. PLACE OF DEATH:

(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:
1628 S. Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
(Specify whether
In this community **10 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **1628 S. Jefferson**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **18th**
year **1942** hour **12:15** minute **P.** M.
21. I hereby certify that I attended the deceased from **Oct. 1941**
to **10/18/42**
that I last saw him alive on **10/1/42**
and that death occurred on the date and hour stated above.

Immediate cause of death
Arterio-sclerosis
Duration
?

Due to _____
Due to _____
Other conditions
(Include pregnancy within 3 months of death)
97

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 **J. A. Lemmon** (M. D. or other) **M. D.**
Address **Springfield, Mo.** Date signed **10/21/42**

3. (a) PRINT FULL NAME **William R. Irvin**

3. (b) If veteran, name war **Unknown** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Capitola Irvin** 6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased **July 15, 1872**
(Month) (Day) (Year)

8. AGE: Years **70** Months **3** Days **3** If less than one day _____ hr. _____ min.

9. Birthplace **Paris, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman**

11. Industry or business **Sabb and Door Company**

12. Name **James W. Irvin**

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

14. Maiden name **Mary E. Bateman**

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

16. (a) Informant **Mrs. Capitola Irvin**

(b) Address **Springfield, Missouri**

17. (a) **Burial** (b) Date thereof **10/21/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Park Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer** **Funeral Home**
Springfield, Missouri

(b) Address _____

19. (a) **10-21-42** (b) **J. W. Handley**
(Date received local registrar) (Registrar's signature)

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

39
2
6

39
2
5

MOTHER FATHER

984

NOV 5 1942

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

Wayne Hinkle

Licensed Embalmer No. *3444*

P. O. Address *Springfield*

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.