S. No. 2
M—9-4-41
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41025

FILED JAN 15 1943

Registration District No. 408-157 Primary Registration District No. 3028 Registrar's No. 254

1. PLACE OF DEATH:

(a) County: Jasper

(b) City or town: Carthage
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 606 Orchard 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution - - - (Specify whether years, months or days)
In this community: 4 months

2. USUAL RESIDENCE OF DECEASED: 999

(a) State: Kansas (b) County: 14

(c) City or town: Kansas City, Kansas 0
(If outside city or town limits, write "RURAL.")

(d) Street No.: 206 Quindier Blvd.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country - - - 2

3. (a) PRINT FULL NAME: Charles Irvin

3. (b) If veteran, name war: No

3. (c) Social Security No.: Unknown

4. Sex: Male

5. Color or race: 2 Colored

6. (a) Single, widowed, married, divorced: 2 Widowed

6. (b) Name of husband or wife: Lizzie Irvin

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

7. Birth date of deceased: July (Month) 10 (Day) 1877 (Year)

8. AGE: Years 65 | Months 5 | Days 11 | If less than one day: hr. min.

9. Birthplace: Carthage (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Dock Foreman (Santa Fe

11. Industry or business: None Frt. House)

FATHER
12. Name: Dallas Irvin
13. Birthplace: Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant: Oscar Irvin
(b) Address: 606 Orchard, Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 23, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Cedar Hill Cemetery

18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Missouri

19. (a) Dec. 21 '42 (Date received local registrar) (b) Elizabeth Coupler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 21 year 1942 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 12-21-42, 19..., to 12-21-42, 19...
that I last saw ~~him~~ alive on 12-21-42, 19...
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Brights disease	
Due to:	
Due to:	
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.

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

23. Signature: K. E. Baker (M. D.)
Address: Carthage Mo. Date signed 12-21-42

1203 (Licensed Embalmer's Statement on Reverse Side)

42-12-1068

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 J. W. K[illegible]

Licensed Embalmer No. 814

P. O. Address Carthage, 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.