

No. 2  
9-4-41  
8-17-59  
X 29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
JAN 21 1943

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 233

Registration District No. 137

Primary Registration District No. 3023

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

1. PLACE OF DEATH:

(a) County Henry Clinton Mo

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

(c) Name of hospital or institution: Wetzell's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry

(c) City or town Calhoun  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CLO ANDREW IRVIN

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 married

6. (b) Name of husband or wife DORA E IRVIN

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased MAY 11 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66 7 17 hr. \_\_\_\_\_ min.

9. Birthplace CALHOON, MO  
(City, town, or county) (State or foreign country)

10. Usual occupation coal mines

11. Industry or business mining

MOTHER, FATHER

12. Name JAMES IRVIN

13. Birthplace Henry County Mo  
(City, town, or county) (State or foreign country)

14. Maiden name LURINA LEWIS

15. Birthplace Henry County Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Dora Irvin

(b) Address Calhoun, Mo

17. (a) Burial (b) Date thereof 12-24-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun, Mo

18. (a) Signature of funeral director J.P. [unclear]

(b) Address Calhoun Mo

19. (a) Dec 23 1942 (b) Georgia Vitcher  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 23 day \_\_\_\_\_  
year 1942 hour 3 am minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Dec 23  
1942, to Dec 23, 1942

that I last saw him alive on Dec 22, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Infection of Lung Duration \_\_\_\_\_

Due to Venousitis of leg + infection of throat + tooth (Cholera)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 111a

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 Geo S [unclear] (M. D. or other) 2

Address Clinton Mo Date signed Dec 23 42

RECEIVED

District Health Officer No. 7,

District File Number

12-42-1439

Date Filed

1-14-43

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 myself

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 3205

P. O. Address La Jolla

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.