

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Davis
Registrar's No. 46

Registration District No. 359

Primary Registration District No. 4528

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Marionville mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 15 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon
(c) City or town Marionville
(If outside city or town limits, write "RURAL")
(d) Street No. South Main
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME VIOLAMIRIE IRWIN

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

4. Sex F 5. Color or race N 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased April 16 1920
(Month) (Day) (Year)

8. AGE: Years 22 Months 8 Days 27 If less than one day..... hr. min.

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

10. Usual occupation Painter or Painter's

11. Industry or business House 12 paper

12. Name Lesley Irwin
13. Birthplace Painter of Neb. 1
(City, town, or county) (State or foreign country)
14. Maiden name Blench Coleman
15. Birthplace Miss Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs L. Irwin

(b) Address Marionville, Mo.

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

(c) Place: burial or cremation Beckett Center

18. (a) Signature of funeral director Ferry Funeral Home

(b) Address Neosho Mo

19. (a) Jan 4, 1942 (Date received local registrar) (b) Wheeler Ludwig (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15 year 1942 hour 10-30 minute 109 M.

21. I hereby certify that I attended the deceased from Nov 15 1942 to Dec 15 1942
that I last saw her alive on about Dec 5 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to.....
Due to.....
Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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) (c) Means of injury.....

23. Signature W.R. Davis M.D. (M. D. or other)
Address Neosho Mo Date signed Dec 18

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

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

108
00

RECEIVED
District Health Officer No. 7,
District File Number 12-42-1474
Date Filed 1-15-43

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed J B Ferry
Licensed Embalmer No. 1768
P. O. Address Needle 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.