

No. 2
 FORM-2-43
 5-17-39
 X35697

28768

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 20 1943

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 178

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

1. PLACE OF DEATH:
 (a) County Marion
 (b) City or town Hannibal
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
719 Church St 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. _____ (Specify whether
 In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Marion 64
 (c) City or town Hannibal 5
 (If outside city or town limits, write "RURAL") 1
 (d) Street No. 719 Church St
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME HOMER S. IRVIN
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 17
 year 1943 hour 2 minute 30 P M.
 21. I hereby certify that I attended the deceased from June 10th 1943 to June 17 1943
 that I last saw him alive on June 17 1943
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 1
 6. (b) Name of husband or wife Laura 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Aug 20 1881
 (Month) (Day) (Year)

Immediate cause of death _____ Duration _____
Chronic Valvular Disease 5 yrs.
 Due to _____
 Due to _____

8. AGE: Years Months Days If less than one day
61 8 28 _____ hr. _____ min.
 9. Birthplace Shilby MO
 (City, town, or county) (State or foreign country)
 10. Usual occupation Labor

Other conditions Bronchial Asthma 5 yrs.
 (Includes pregnancy within 3 months of death)
 Major findings: Of operations 92 d
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name John Irvin
 13. Birthplace MO, U
 (City, town, or county) (State or foreign country)
 14. Maiden name Ann Krawling
 15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Loma Irvin
 (b) Address Hannibal Mo
 17. (a) Burial (b) Date thereof Aug 19 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Olivet Cemetery
 18. (a) Signature of funeral director JAMES O'DONNELL
 (b) Address 625-43 Hannibal Mo.
 19. (a) _____ (b) R. H. Connor
 (Date received local registrar) (Registrar's signature)

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 Frederick B. Spencer (M. D. or other) _____
 Address 2210 Hope Hannibal Mo Date signed 6/18/43

HAMILTON
HAMILTON
719 CLARENCE ST.

Homer S. Brown

W.H.T.S.
1000
101
102
103
104
105
106
107
108
109
110

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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P.O. Address Humboldt 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.