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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38808

State File No. \_\_\_\_\_

FILED DEC 19 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 4372

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County nodaway

(b) City or town Burlington Jc.  
(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 \_\_\_\_\_ (Specify whether)

In this community 50 yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County nodaway <sup>74</sup>

(c) City or town Burlington Jc. <sup>0</sup>  
(If outside city or town limits, write "RURAL.")

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME RANSOME DUNBAR IRVINE

3. (b) If veteran, - name war. \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10  
year 1943 hour 2 minute 30 H. M.

21. I hereby certify that I attended the deceased from Nov 9  
1943 to Nov 16, 1943

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

6. (b) Name of husband or wife Edna Irvine 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Jan. 1  
(Month) (Day) (Year)

that I last saw him alive on Nov 10, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation <sup>known</sup>

8. AGE: Years 73 Months 10 Days 9 If less than one day hr. \_\_\_\_\_ min.

Due to Cause of Liver

Due to \_\_\_\_\_

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

Other conditions Renitis  
(Include pregnancy within 3 months of death)

10. Usual occupation Supt.

11. Industry or business Reed of Wheelock Const Co

Major findings: H6

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

12. Name John Irvine

13. Birthplace Kirkwood Ill  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

14. Maiden name Mathie Beatty

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

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Marvin E. Smith (M.D. or other) <sup>7</sup>

Address Edna Mrs Date signed 11/10/43

16. (a) Informant Edna M. Irvine

(b) Address Burlington Junction Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 12 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Burlington Jc. Mo

18. (a) Signature of funeral director Stanley Swanson

(b) Address Hopkins Mo

19. (a) Nov 10 1943 (Date received local registrar) (b) Mrs W. H. Carpenter (Registrar's signature)

126 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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

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 *Stanley Swanson*.....

Licensed Embalmer No. *3963*.....

P. O. Address *Hopkins, 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, above space should be left blank.