

BUREAU OF THE CENSUS  
**FILED FEB 28 1944**

Registration District No. **144**

Primary Registration District No. **1002**

Registrar's No. **24**

1. PLACE OF DEATH: **Jackson**

(a) County **Jackson**

(b) City or town **3041 Olive**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Home, 3041 Olive**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **about 7 yrs** (Specify whether years, months or days)

In this community **about 7 yrs**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**

(c) City or town **Kansas City**

(d) Street No. **3041 Olive Ave**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **THOMAS L. IRVINE**

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

3. (c) Social Security No. **No**

4. Sex **M** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Alva Irvine**

6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **Sept 1858**  
(Month) (Day) (Year)

8. AGE: Years **85** Months **3** Days **29**  
If less than one day hr. min.

9. Birthplace **Smith Co Va**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Insurance**

11. Industry or business

12. Name **John W Irvine**

13. Birthplace **Va**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Gelpin**

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

16. (a) Informant **Alva D Irvine**

(b) Address **3041 Olive Ave Mo**

17. (a) **Burial** (b) Date thereof **Jan 5 44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Madison Mo**

18. (a) Signature of funeral director **Morton Funeral Home**

(b) Address **Mo**

19. (a) **Jan 4 1944** (b) **J E Brown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JAN** day **3**  
year **1944** hour **4:25** minute **A** M.

21. I hereby certify that I attended the deceased from **Dec 30**, 1943, to **Jan 3**, 1944  
that I last saw him alive on **Jan 3**, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Pneumonia**

Due to **flu 1 week duration**

Due to **330**

Other conditions (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) Means of injury **MO**

23. Signature **Arvin Banta** (M. D. or other) **MD**  
Address **416 Maple St** Date signed **1-3-44**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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 *John Morton*  
Licensed Embalmer No. *4349*  
P. O. Address *no KC*

**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.**