. No. 2
I—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11242

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 71

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: East Side Barber Shop 3 (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 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49

(a) State MISSOURI (b) County JASPER 1
(c) City or town CARTHAGE 3 (If outside city or town limits, write "RURAL")
(d) Street No. 833 OLIVE STREET (If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES FRANCIS IRVINE

3. (b) If veteran, name war None

3. (c) Social Security No. 499-16-7353

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Susie Dry Irvine

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased MARCH (Month) 4, (Day) 1873 (Year)

8. AGE: Years 71 Months 0 Days 10 If less than one day hr. min.

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

10. Usual occupation Barber

11. Industry or business

FATHER
12. Name Thomas Irvine
13. Birthplace X (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Zureld Tribble
15. Birthplace X (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Mrs. J. F. Irvine
(b) Address 833 Olive St., Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-44 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address 1208 Garrison, Carthage, Mo.

19. (a) Mch. 16 '44 (Date received local registrar) (b) Elizabeth Coryslin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 14, year 1944 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw him alive on Did not see him alive 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart failure

Due to

Due to Arterio Sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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

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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? (Specify type of place)
While at work? (e) Means of injury 2

23. Signature R. A. Webster (M. D. or other) Coroner
Address Carthage Mo Date signed Mch 16 44

(Licensed Embalmer's Statement on Reverse Side)

443-2P6

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.....Ed [illegible]

Licensed Embalmer No.....2222

P. O. Address.....Carthage

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.