DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 28 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18055

Registration District No. 128

Primary Registration District No. 200b

Registrar's No. 319

1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 8 days (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 39
(c) City or town: Brighton (If outside city or town limits, write "RURAL") 0
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME: Irby James Floyd
3. (b) If veteran, name war: None
3. (c) Social Security No.: No
4. Sex: Male (1)
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Cora Madge Irby
6. (c) Age of husband or wife if alive: 55 years
7. Birth date of deceased: July (Month) 10, (Day) 1879 (Year)

8. AGE: Years 64 Months 8 Days 29 If less than one day ___ hr. ___ min.

9. Birthplace: Brighton (City, town, or county) - Missouri (State or foreign country)
10. Usual occupation: ~~Farm~~ Well Driller
11. Industry or business:
FATHER
12. Name: John William Irby
13. Birthplace: Greene Co. (City, town, or county) - Missouri (State or foreign country)
MOTHER
14. Maiden name: Martha Tuck
15. Birthplace: Greene Co. (City, town, or county) - Missouri (State or foreign country)
16. (a) Informant: Mrs. Carl Irby
(b) Address: Bolivar Mo., R#3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-11-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenwood Cemetery
18. (a) Signature of funeral director: W L Dunn
(b) Address: 629 W Walnut Springfield Mo
19. (a) 4-11-44 (Date received by local registrar) (b) B W S Hanley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th year 1944 hour Over minute 50 p. M.
21. I hereby certify that I attended the deceased from April 1st, 1944, to Apr 9th, 1944, that I last saw him alive on April 9th, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Post Operative Pneumonia — Duration
Due to: Gangrenous Gall Bladder
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: Cholecystotomy on Apr. 1, 1944
Of autopsy: 127 C1

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

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: Kathryn Smith (M. D. or other) M.D.
Address: Springfield, Mo. Date signed 4-10-44

984 (Licensed Embalmer's Statement on Reverse Side)

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

MAY 12 19

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 C. D. McGalkin

Licensed Embalmer No. 2891

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.