V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 2 1944

Registration District No. 749

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23754

Primary Registration District No. 1002

Registrar's No. 2990

1. PLACE OF DEATH:

(a) County Jackson,

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

(c) Name of hospital or institution:
St. Luke's Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48

(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1049 West 55th Street, 8
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country x

3. (a) PRINT FULL NAME Mrs Anna Elno (J. B.) Irving,

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife J. B. Irving

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

7. Birth date of deceased February (Month) 16 (Day) 1870 (Year)

8. AGE: Years 74 Months 5 Days 1 If less than one day hr. min.

9. Birthplace (City, town, or county) N. Y. (State or foreign country)

10. Usual occupation at home,

11. Industry or business x

FATHER
12. Name Unknown,
13. Birthplace Unknown, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown,
15. Birthplace unknown, (City, town, or county) (State or foreign country)

16. (a) Informant Raymond Hall,
(b) Address 1st National Bank, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-20-44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 7-19-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th year 1944 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug. 1935, 19 to July 17th, 1944, that I last saw her alive on July 17th, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis + Myocardial Degenerations

Due to Chronic Infection - Legs Diabetes Mellitus

Due to Chronic Arthritis — 35 yrs

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none.

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Sherwin E Mellen M.D. (M.D. or other)

Address 314 Professional Bldg Date signed 7/18/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. Melle, in Professional bldg.,
(will sign certificate Tuesday
AUG 6 1944

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 H. Shirley

Licensed Embalmer No. 4050

P. O. Address Kansas City, 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.