7. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40180

FILED DEC 22 1944

Registration District No. [illegible]

Primary Registration District No. 1002

Registrar's No. 4998

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: 1623 Park Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 (Specify whether

In this community: 3 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town: Kansas City 42
(If outside city or town limits, write "RURAL")

(d) Street No.: 1623 Park Ave 3
(If rural, give location)

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

If yes, name country: ii

3. (a) PRINT FULL NAME: Tobe, Irvin

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

3. (c) Social Security No.: none

4. Sex: Male

5. Color or race: Col

6. (a) ~~Single, widowed, married,~~ divorced: Single

6. (b) Name of husband or wife:

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

7. Birth date of deceased: May (Month) 2 (Day) 1903 (Year)

8. AGE: Years 41 Months 7 Days 0 If less than one day hr. min.

9. Birthplace: Arkansas (City, town, or county) (State or foreign country)

10. Usual occupation: Laundry Man

11. Industry or business:

FATHER
12. Name: Jac Irvin
13. Birthplace: Arkansas (City, town, or county) (State or foreign country)

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

16. (a) Informant: Ethyle Cox
(b) Address: 1713 Michigan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12 13 44 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Cemetery

18. (a) Signature of funeral director: HB Moore
(b) Address: 1820 E 18 st

19. (a) 12-11-44 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 5 year 1944 hour 5:30 PM minute M.

21. I hereby certify that I attended the deceased from 11-30 1944 to 12-5 1944 that I last saw him alive on 12-5 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial Pneumonia — Duration

Due to: Subacute Bronchitis

Due to:

Other conditions: none
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: no

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): no

(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: [illegible] (M. D. or other)

Address: 200 [illegible] Date signed 12-7-44

(Licensed Embalmer's Statement on Reverse Side)

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 H B Moore

Licensed Embalmer No. 2440

P. O. Address 1820 E 18 St

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.