

FILED JAN 26 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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

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. Marys Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Betty Jean Irwin

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female 5. Color or race white 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 Jan. 10 1945  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 1 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Kansas City No. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Delbert E. Irwin

13. Birthplace Minden Mine No. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Patricia Pickle

15. Birthplace Summerfield Okla. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Delbert E. Irwin

(b) Address 2300 South 9th.

17. (a) Removal (b) Date thereof 1/10/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bicket Cem. Vernon Co. Mo.

18. (c) Signature of funeral director State Funeral Home No. 1901 Olathe Blvd. Kansas City, Mo.

(b) Address \_\_\_\_\_

19. (a) 1-11-45 (b) P. E. Brown  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 999

(c) City or town Kansas City 14  
(If outside city or town limits, write "RURAL") 0

(d) Street No. 2300 South 9th.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11  
year 1945 hour 6:15 minute 5 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw her alive on 1/11/45, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis? Duration \_\_\_\_\_

Due to Prematurity

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 159

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature Y. Belval (M. D. or other) \_\_\_\_\_  
Address 1401 Southern Blvd Date signed 1/11/45

*Belwood,*

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**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..... *W. E. Naud*  
Licensed Embalmer No..... *3991*  
P. O. Address..... *309 E. 67*  
*W. E. Naud*

**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.**