

FILED FEB 8 1945
Registration District No. **126**

Primary Registration District No. **2000**

1. PLACE OF DEATH:

(a) County **GRANT**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **O'REILLY GENERAL HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 yr. 1 mo.**
In this community **1 yr. 1 mo.**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Virginia** (b) County **Nottoway**
(c) City or town **Blackstone**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **FRANCIS M. IRBY**

20. DATE OF DEATH: Month **January** day **27**
year **1945** hour **8:25** minute **A.M.** M.

3. (b) If veteran, name war **World War II** 3. (c) Social Security No. **UNK**

21. I hereby certify that I attended the deceased from **28 December 1943** to **27 January 1945**;

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

that I last saw him alive on **27 January 1945**;

6. (b) Name of husband or wife **Mrs. Mary G. Irby** 6. (c) Age of husband or wife if alive **UNK** years

and that death occurred on the date and hour stated above.
Immediate cause of death **Brain, abscess of, chronic, multiple, bilateral** Duration **1 yr.**

7. Birth date of deceased: **December 18, 1918**
(Month) (Day) (Year)

Due to **Meningitis, acute, caused by alpha hemolytic streptococcus**
~~injury~~ incurred **5 December 1943** ?

8. AGE: Years **26** Months **0** Days **9** If less than one day hr. min.

Other condition: **Optic neuritis, acute and chronic, exudative, right, severe.** PHYSICIAN _____

9. Birthplace **Nottoway County Virginia**
(City, town, or county) (State or foreign country)

Major findings: **Multiple brain abscesses, with cortical atrophy.**
Of operations _____
Of autopsy **No autopsy performed.** 88
Underline the cause to which death should be charged statistically.

10. Usual occupation **Jr. Soil Surveyer**

11. Industry or business _____

12. Name **Wesley C. Irby**

13. Birthplace **Nottoway County Virginia**
(City, town, or county) (State or foreign country)

14. Maiden name **Sallie Barnes**

15. Birthplace **Lunenburg Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Jacob B. Shibley**

(b) Address **Blackstone, Va.**

17. (a) **Removal** (b) Date thereof **Jan. 29, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Blackstone, Virginia**

18. (a) Signature of funeral director **H.H. Lohmeyer**

(b) Address **Springfield, Mo.**

19. (a) **1-29-45** (b) **J. W. Handley**
(Date received local registrar's) (Registrar's signature)

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 **8**

23. Signature **John H. Shibley** (M. D. or other) _____

Address **O'Reilly, 4th Springfield, Mo.** Date signed **1/27/45**

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

926

984

47

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

Walter E. Hamelt

Licensed Embalmer No

3808

P. O. Address

Springfield, 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.

X