

FILED MAY 16 1945

Registration District No. 169

Primary Registration District No. 5621

Registrar's No. 260

200
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Knox
(b) City or town Hurdland (rural) Lyon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox
(c) City or town Hurdland (rural) Lyon
(If outside city or town limits, write "RURAL")
(d) Street No. 3 Miles North East of Hurdland.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Peter S. Irwin

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 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 April - 23 - 1871
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 13 If less than one day hr. _____ min. _____

9. Birthplace Kenwood, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name David Irwin

13. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Roseann Henry

15. Birthplace uk New Jersey
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Chas. Kilbride
(b) Address Hurdland, Mo.

17. (a) Burial (b) Date thereof April-8-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old Catholic, Edina, Mo.

18. (a) Signature of funeral director Keith Hudson
(b) Address Edina, Mo.

19. (a) 4-14-45 (b) Nelle Nor Thru
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6 year 1945 hour One minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Found Dead in bed at 3.0 AM April 6, 1945 at his home. Heart Failure.

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

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature Keith Hudson (or D. or other) Coroner
Address Edina, Mo. Date signed 4-7-1945

1142

RECEIVED

District Health Officer No. 10

District File Number 5-45-866

Date Filed MAY 14 1945

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, 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.