

FILED NOV 14 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4505

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:
Gen. Hosp. # 2 600 E. 22 Street K.C. Mo.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4-17-45 to 8-31-45
 (Specify whether
 In this community 25 yrs.
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1413 Garfield
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME George Irvin
 3. (b) If veteran, name war no
 3. (c) Social Security No. none
 4. Sex Male 2 5. Color or race N
 6. (a) Single, widowed, married, divorced M /
 6. (b) Name of husband or wife unknown
 6. (c) Age of husband or wife if alive unk years
 7. Birth date of deceased 12 20 1870
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 8 day 31
 year 45 hour 1 minute A M.
 21. I hereby certify that I attended the deceased from 4-17-45
 1945 to 8-31 1945;
 that I last saw him alive on August 31 1945
 and that death occurred on the date and hour registered above.
 Immediate cause of death
Arteriosclerotic Heart Disease
 Due to Cardiac Decompensation
 Due to _____
 Other conditions
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>8</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace Atlanta Georgia
 (City, town, or county) (State or foreign country)

10. Usual occupation Cook

MOTHER FATHER
 11. Industry or business _____
 12. Name Jack Irvin
 13. Birthplace Georgia
 (City, town, or county) (State or foreign country)
 14. Maiden name Violet M. Lucas
 15. Birthplace Georgia
 (City, town, or county) (State or foreign country)

16. (a) Informant Reginald Clark
 (b) Address 212 E. Gen. Dispt. 24
 17. (a) (Burial, cremation, or removal) Burial
 (b) Date thereof 11-2-45
 (Month) (Day) (Year)
 (c) Place: burial or cremation Feed's

18. (a) Signature of funeral director Wm. A. Johnson
 (b) Address City Mortician
 19. (a) 11-1-45 (b) Sheldene Holmes
 (Date received local registrar) (Registrar's signature)

Due to _____
 Other conditions
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____
 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? _____ Means of injury _____
 Signature W. A. Johnson (M.D. or other) _____
 Address General Hospital # 2 Date signed 8-31-45

Duration

PHYSICIAN

 Underline the cause to which death should be charged statistically.

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

18
3
8

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.....

Not Embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Wm A. Tommeyer

Licensed Embalmer No. *3089*

P. O. Address. *ITC 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.