

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED FEB 11 1946
Registration District No. _____

Primary Registration District No. 1002

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

1051

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. Joseph Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day
35 Years (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME MRS. IRENE LONG COUGHLIN IRLE

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 Married

6. (b) Name of husband or wife Leonard R. Irle

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

7. Birth date of deceased June 16th. 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

40 7 15 hr. _____ min.

9. Birthplace Parker Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER } 12. Name James D. Long

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

14. Maiden name Alice Palmer

15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Leonard R. Irle

(b) Address 5844 Brookside Blvd.

17. (a) Burial (b) Date thereof 2 / 2 / 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd Street

19. (a) 2-1-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 4633 Wyoming Street 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31st
year 1946 hour _____ minute 50a. M.

21. I hereby certify that I attended the deceased from Jan. 1-31, 1946
that I last saw her alive on 1-31 and that death occurred on the date and hour stated above. 1946.

Immediate cause of death Subarachnoid hemorrhage

Due to Spontaneous

Due to _____

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

Major findings: 8301

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature J. H. C... (M. D. or other) _____
Address K. C. Mo. Date signed _____

Dr. F.A. (Embalmer)
1600 Park St.
1150

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 H. Corwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.