

FILED FEB 20 1946

Registration District No. 146

Primary Registration District No. 5568

Registrar's No. 7

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Intercity District Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
140 N. Willow Blue Imp
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community 20 years
years, months or days

3. (a) PRINT FULL NAME ROSE A. IRWIN
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Fe. **5. Color or race** White
6. (a) Single, widowed, married, divorced, widow Widow
6. (b) Name of husband or wife Robert N. **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased Jan. 24, 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>11</u>	<u>15</u>	hr. _____ min. _____

9. Birthplace Sheffield England
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business None

MOTHER FATHER
12. Name James Bagshaw
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Ann Law
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. T. Beitman

(b) Address 2305 Mersinger N.C. Mo.

17. (a) Burial **(b) Date thereof** 1/12/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, I

(b) Address Kansas City, Mo.

19. (a) 1-11-46 **(b)** James W. Ross
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Intercity District Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 140 N. Willow
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9
 year 1946 hour 1 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 3, 1946, to Jan 9, 1946
 that I last saw him alive on _____, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Severe Pneumonia
 Duration 6 days

Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy 108

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

Signature Shed J. Hammer (M. D. or other) D.O.

Address Indep. Mo. **Date signed** 1-11-46

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.D. Blackman
Licensed Embalmer No. 3639
P. O. Address N. C. 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.