

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

...THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29595
Registrar's No. 1035

FILED SEP 16 1946
Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Weeks
In this community 58 years 4 months 22 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 907 Main Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME John Hudgens Irby
(b) If veteran, name war No
(c) Social Security No. 491-09-5236

20. DATE OF DEATH: Month September day 9th
year 1946 hour 3 minute 15 A. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha L. Irby
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased: April 17 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 31
1946 to Sept. 09 1946
that I last saw him alive on Sept 8 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction Duration 1 wk

8. AGE: Years Months Days If less than one day
58 4 22 hr. min.

Due to Voluntarily of Small Bowel 1 wk.
Due to Intera abdominal peritoneal Hernia 12 Congenital

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

Other conditions (Include pregnancy within 3 months of death)
Peritonitis, Appendicitis Abscess 10 days PHYSICIAN

10. Usual occupation Roofing Contractor

Major findings: Voluntarily of Small Bowel - Intera abdominal Hernia, Appendicitis Abscess
Of autopsy Intera abdominal Hernia, Peritonitis

11. Industry or business _____

12. Name George Irby

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

14. Maiden name Joan Hudgens

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

16. (a) Informant Bertha L. Irby

(b) Address 907 Main, St. Joseph, Missouri.

17. (a) Burial (b) Date thereof 9/11/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Walter Heierhoff
(b) Address 1302 Faraon, St. Joseph, Missouri

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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? _____

19. (a) Sept. 12, 1946 (b) W. J. McElroy
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature W. J. Thompson (M. D. or other)
Address 825 Charles St. Joseph, Mo. Date signed 9/10/46

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

MOTHER FATHER

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(Licensed Embalmer's Statement on Reverse Side)

Henry Thompson

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 *Albert R. Harrington*

Licensed Embalmer No. *3258* *Missouri*

P. O. Address *St. Joseph Missouri*

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.