V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12960

State File No.

Registration District No. 93

Primary Registration District No. 4166

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Dade

(b) City or town So. Greenfield R.R.
(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)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 7 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 999

(c) City or town Wichita 14
(If outside city or town limits, write "RURAL")

(d) Street No. 1727 Victor 0
(If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Lloyd M. Irby

3. (b) If veteran, name war None

3. (c) Social Security No. 511-07-5815

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of ~~husband or~~ wife Susie

6. (c) Age of ~~husband or~~ wife if alive 55 years

7. Birth date of deceased 6 (Month) - 15 (Day) - 1890 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	10	10	hr. min.

9. Birthplace Everton (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Steel Mill Worker

11. Industry or business

FATHER
12. Name James Irby
13. Birthplace (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Clara Withrow
15. Birthplace (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Otto Irby
(b) Address Wichita Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation Shiloh

18. (a) Signature of funeral director Morris Leiman
(b) Address Miller Mo.

19. (a) 4-28-47 (Date received local registrar) (b) Geo L. Weir (Registrar's signature) 79

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 25
year 1947 hour 6 25 minute A. M.

21. I hereby certify that I attended the deceased from Apr 25, 1947, to Apr 25, 1947
that I last saw him alive on Apr 24, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Accidental Poisoning from Black leaf 40	sudden
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

1794

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) accidental

(b) Date of occurrence Apr 25 - 1947

(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 0

23. Signature L. I. Holmes M.D. (M. D. or other)

Address Miller Mo. Date signed 4-25-47

(Licensed Embalmer's Statement on Reverse Side)

JUN 4 1968

JUL 1 0 1948

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 C. R. Leisman

Licensed Embalmer No. 3297

P. O. Address Miller 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.