

No. 2
-2-43
-17-39
X35697

FILED APR 23 1947

Registration District No. 218

Primary Registration District No. 4330

Registrar's No. 20

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

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town East Prairie, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Residence 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 54 yrs (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Oliver Isaac Irvie

3. (b) If veteran, name war v

3. (c) Social Security No. None

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Vergie Opal Irvie

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased December 18 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>3</u>	<u>1</u>	hr. min.

9. Birthplace Bullet Co., Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name George Irvie

13. Birthplace Wasson 9
(City, town, or county) (State or foreign country)

14. Maiden name Wasson

15. Birthplace Wasson 9
(City, town, or county) (State or foreign country)

16. (a) Informant Oliver Irvie

(b) Address East Prairie, Mo.

17. (a) Burial (b) Date thereof 3-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dogwood

18. (a) Signature of funeral director Paula Shelby

(b) Address East Prairie Mo.

19. (a) 4-9-47 (b) Gertrude H. Harper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

(c) City or town East Prairie, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1947 hour 8:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from Sept 96 March 19 47
to March 17 19 47
that I last saw him alive on _____
and that death occurred on the date and hour stated above

Immediate cause of death Valvular heart disease with myocardial degeneration Duration 9 Mon.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ASD

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 _____

23. Signature R. P. Pentland (M.D. or other) 2

Address Wright, Mo. Date signed 3-25-47

MAY 20 1947

RECEIVED
District Health Office No. 2
District File Number 447-601
Date Filed 4-21-47

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 *Farris Shelby*
Licensed Embalmer No. *2726*
P. O. Address *East Prairie, 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.