S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 3 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 21008

Registrar's No. 2736

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: NORTHEAST RESTORIUM - 3240 NORLEDGE AVE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 MONTH (Specify whether

In this community 1 YEAR
years, months or days)

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. 3724 BROADWAY 80
(If rural, give location)

(e) Citizen of foreign country? YES (Yes or No)

If yes, name country CANADA

3. (a) PRINT FULL NAME Mrs. EDITH R. IRWIN

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 WIDOWED

6. (b) Name of husband or wife MR. ARTHUR B. IRWIN

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

7. Birth date of deceased APRIL (Month) 29 (Day) 1873 (Year)

8. AGE: Years 74 Months 1 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace CANADA 2
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business ---

FATHER
12. Name CECIL M. RICE
13. Birthplace CANADA 2
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN MEADE
15. Birthplace CANADA 2
(City, town, or county) (State or foreign country)

16. (a) Informant MR. A MEADE IRWIN
(b) Address 3724 BROADWAY

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof JUNE 30 1947 (Month) (Day) (Year)
(c) Place: burial or cremation D.W. Newcomer's Sons

18. (a) Signature of funeral director D.W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 6-26-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 24TH year 1947 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from May 21, 1947 to June 24, 1947 that I last saw her alive on June 23, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory failure	2 day
Due to Hypostatic Pneumonia	
Due to	
Other conditions G.I. malignancy & peritonitis terminal (Include pregnancy within 3 months of death)	unknown

Major findings:
Of operations 46e
Of autopsy

PHYSICIAN: Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury 2

23. Signature Helen M. Henery (M. D. or other) DO

Address 205 Garfield Date signed 6-24-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Edward M. Story

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.