

No. 2
12-45
17-39.
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FILED JUL 29 1947

Registration District No. 2

Primary Registration District No. 5014

Registrar's No. 184

1. PLACE OF DEATH:
 (a) County Andrew
 (b) City or town Rural, Jefferson Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution R. R. #8, Savannah, Mo. 3 miles South
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 56 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Andrew
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. R. R. #8, Savannah, Mo.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mary J. Irwin
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 12
 year 1947 hour 2 minute 50 P.M.
 21. I hereby certify that I attended the deceased from April 30, 1947 to July 12, 1947
 that I last saw her alive on July 8, 1947
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Samuel P. Irwin
 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Coronary Occlusion (2nd Attack) Duration 5 Min.
 Due to Coronary Sclerosis.
 Due to Gen Arterio-Sclerosis.
 Other conditions Cerebral hemorrhage 7 yrs ago.

8. AGE: Years Months Days If less than one day
77 7 5 hr. min.

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

10. Usual occupation At home
 Industry or business At home

MOTHER FATHER
 12. Name Samuel Thompson
 13. Birthplace Guilford Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Mary E. Gray
 15. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy 94A
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. H. A. Venard
 (b) Address R. R. #2, Savannah, Mo.

17. (a) Burial (b) Date thereof 7/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bethel, Cemetery

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? _____

18. (a) Signature of funeral director Maton Bowman
 (b) Address St. Joseph, Mo.

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature Albert B. Kelly M. D. or other _____
 Address Savannah, Mo. Date signed _____

19. (a) 7-13-47 (b) Lillian Sparks
(Date received local registrar) (Registrar's signature)

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

Eastern City, Tenn.

HEALTH OFFICE
CARROLL, TENN.

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 *Frank A. [Signature]*

Licensed Embalmer No. *1710*

P. O. Address *St. Joseph 24*

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.