

FILED SEP 29 1947

Registration District No. 197

Primary Registration District No. 1002

Registrar's No. 3933

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: Mayfair Hotel, 1224 Linwood Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community 9 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Merton Rollin Irwin

3. (b) If veteran, name war no. 3. (c) Social Security 480-10-3008

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mrs. Martha Irwin 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased April 9 1876 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>5</u>	<u>4</u>	hr. min.

9. Birthplace Chanute, Kansas (City, town, or county) (State or foreign country)

10. Usual occupation Accountant

11. Industry or business Butler Manufacturing Co.

12. Name Edward S. Irwin

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

14. Maiden name Vesta X Reed,

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

16. (a) Informant Mrs. Martha Irwin,

(b) Address Mayfair Hotel, Kansas City, Mo.

17. (a) burial (b) Date thereof 9-15-47 (Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 9-15-47 (Date received local registrar) (b) Sheraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. Mayfair Hotel, 1224 Linwood Blvd.,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 13
year 1947 hour 11:20 minute A. M.

21. I hereby certify that I attended the deceased from 8 years ago
1947, to 9/13/47
that I last saw him alive on 9/13
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute dilatation of the heart
Due to Coronary Regurgitation
Due to Plumeration of the valves
Other conditions: Operated by 4 years ago
(Include pregnancy within 3 months of death)

Major findings: Of operations 9/20
Of autopsy 9/20

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 0

23. Signature John C. Stine (M. D. or other) 9/15-47
Address 1140 1/2 Bryant St. K.C. Date signed 9/15-47

Duration 3 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

Dr. J. O. Skinner

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.....

Licensed Embalmer No. 1413

P. O. Address..... J. O. Skinner

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.