

No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32260

Registration District No. 376 Primary Registration District No. 6075 State File No. _____ Registrar's No. 309

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Hospital No. 4 I
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days
(Specify whether
in this community _____
years, months or days)

3. (a) PRINT FULL NAME F. ELMER IRVIN
3. (b) If veteran, name war None known
3. (c) Social Security No. UNONER

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Willie Williams
6. (c) Age of husband or wife if alive 45 1/2 yrs.
7. Birth date of deceased October 4, 1885
(Month) (Day) (Year)

8. AGE: Years 61 Months 10 Days 20
If less than one day _____ hr. _____ min.

9. Birthplace Warrick County, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER
12. Name William J. Irvin
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Rachel Corn
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri
17. (a) Burial (b) Date thereof 8-26-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Morley Cem., Morley, MO.

18. (a) Signature of funeral director Bisplinghoff Funeral Home
(b) Address Chaffee, Missouri

19. (a) 9-9-47 (b) Cather Rudolph
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 24
year 1947 hour 2 minute 00 A. M.

21. I hereby certify that I attended the deceased from August 6, 1947, 19____, to August 24, 1947 19____
that I last saw him alive on August 24, 1947, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Duration _____

Due to Cerebral arteriosclerosis and hypertension

Due to _____

Other conditions Psychosis with cerebral arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy No 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? _____

(e) While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature John L. Brennan MD (Physician or other)
Address State Hosp. #4, Farmington Date signed 8/24/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4
District File Number 947-1187
Date Filed 9-16-47

SEP 19 1947

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

Paul H. Royal

Licensed Embalmer No. 4125

P. O. Address Farmington, Vt.

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..