

No. 2
OM-5-43
v. 5-17-39
I X36671

FILED OCT 29 1947

Registration District No. **43** Primary Registration District No. **3007**

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)

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

In this community 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler **12**

(c) City or town Poplar Bluff **7**
(If outside city or town limits, write "RURAL")

(d) Street No. Main & Broadway **3**
(If rural, give location)

(e) Citizen of foreign country? No. **0**
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Chas. Milton Irby.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male **0** 5. Color or race White

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

6. (b) Name of husband or wife Mrs. Mattie Irby 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased June 5, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71 4 13 hr. _____ min.

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

10. Usual occupation Grocery Merchant

11. Industry or business _____

MOTHER FATHER { 12. Name James Irby

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

14. Maiden name Martha Edward

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

16. (a) Informant Mrs. Mattie Irby

(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 10/19/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Frank Cottrell

(b) Address Poplar Bluff, Mo.

19. (a) 10/19/47 (b) R. M. Minette
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18
year 1947 hour 12:15 minute A M.

21. I hereby certify that I attended the deceased from Oct. 2 1947 to Oct. 18 1947
that I last saw him alive on Oct 18 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration _____

Due to General arteriosclerosis

Due to arteriosclerotic heart disease

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____

Of autopsy 97 B

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 _____ (Specify type of place)

(e) Means of injury _____

Address Poplar Bluff, Mo. Date signed 10-18-47

RECEIVED

District Health Office No. 2,

District File Number 1042-1390

Date Filed 10-27-47

RECEIVED
OCT 27 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.....

Licensed Embalmer No.....

P. O. Address.....

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.