No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 5 1948

Registration District No. 38

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3006

40874

State File No.

Registrar's No. 321

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: Boone County hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia (RURAL) 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. # 5 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ira Eugene IRVINE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. (Month) 15 (Day) 1947 (Year)

8. AGE: Years | Months 1 | Days 5 | If less than one day hr. min.

9. Birthplace Boone County (City, town, or county) MO (State or foreign country) 6

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Ross Irvine
13. Birthplace Wilks Barre (City, town, or county) Pa. (State or foreign country) 1

MOTHER
14. Maiden name Pearl Hamond
15. Birthplace Columbia (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Ross Irvine

(b) Address Columbia, Mo. RFD#5

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director R. O. Willett

(b) Address 407 C.C. Ave. Columbia, Mo.

19. (a) 12-22-47 (Date received local registrar) (b) Mrs. R.E. Palmer (Registrar's signature) 31

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20 year 1947 hour 6 00 minute P.M. M.

21. I hereby certify that I attended the deceased from Dec 16, 1947, to Dec 20, 1947; that I last saw him alive on Dec 20, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia (Lobar	4 Days
Due to	
Due to	
Other conditions Atelectasis from Birth (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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) 0

While at work? (e) Means of injury

23. Signature R. S. Battersby (M. D. or other) MD

Address Columbia, Mo. Date signed 12/20/47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1/2/48

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 No Embalming, Registered Apprentice No. ....., working under my personal supervision.

Signed R O Wellett

Licensed Embalmer No. 3183

P. O. Address Columbia, 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.