S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 16 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 231

Primary Registration District No. 1000

Registrar's No. 179

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 424 E. Kansas Ave., (city)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 424 E. Kansas Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SAMUEL E. IRWIN
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jennie
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased April (Month) 11, (Day) 1895 (Year)

8. AGE: Years 52 Months 9 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Helena (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Grocer
11. Industry or business Self
FATHER
12. Name Samuel P. Irwin
13. Birthplace Helena (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Mary J. Thompson
15. Birthplace Nodaway Co., (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Jennie Irwin (wife)
(b) Address 424 E. Kansas Ave., City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery
18. (a) Signature of funeral director John E. Rupp
(b) Address 5054 Pryor Ave., City
19. (a) 2/12/48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 10, year 1948 hour 8 minute :30 P. M.
21. I hereby certify that I attended the deceased from 1-30-48 ~~2-10~~ 19~~48~~ to 2-10 19 48 that I last saw him alive on Jan 30 19 48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary ~~occlusion~~ ~~Embolism~~ Occlusion	1 hour
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

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)
While at work? (e) Means of injury
23. Signature S. E. McIlvoy (M. D. or other) M.D.
Address 214 Kirkpatrick Bld St Joseph Mo Date signed 2-11-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MAR 24 19..

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 Roland D. Clark

Licensed Embalmer No. 4477

P. O. Address St. Joseph, 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.