

FILED MAR 1 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4523

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 111

1. PLACE OF DEATH
 (a) County Greene
 (b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
607 N. Weaver
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Henry Irvin
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Male 5. Color Col 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lacy Irvin 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: July 14 1877
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation R R

11. Industry or business _____

MOTHER FATHER {
 12. Name Unknown 9
 13. Birthplace " " 9
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown 9
 15. Birthplace " " 9
(City, town, or county) (State or foreign country)

16. (a) Informant Lacy Irvin
 (b) Address 607 N. Weaver

17. (a) Burial (b) Date thereof 2-8-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Mem.

18. (a) Signature of funeral director W. P. Campbell
 (b) Address 705 N. Washington

19. (a) 2-6-48 (b) W. J. Handley MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Greene 31
 (c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
 (d) Street No. 607 N. Weaver 6
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No) 0
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3
 year 1948 hour 9 minute 30 AM.

21. I hereby certify that I attended the deceased from Jan 24 1948, to Feb 3 1948;
 that I last saw him alive on Feb. Jan 24 1948;
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial insufficiency Duration _____

Due to _____
 Due to _____

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

Major findings:
 Of operations _____
 Of autopsy 932

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? _____

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

23. Signature Leman H. Brown (M. D. or other) _____
 Address 311 N. Bowelle Date signed 2/5/48

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

JUN 8 1 1956

MAR 1 1948

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 W.P. Campbell

Licensed Embalmer No. 1747

P. O. Address Springfield 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.