FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 6 1948

Registration District No. 155

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23342

Primary Registration District No. 5579

Registrar's No. 115

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rt. 1 Webb City (MINERAL TWP. RURAL)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home- Rt. 1 Webb City, Mo. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community One year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jasper 49

(c) City or town Rural - MINERAL TOWNSHIP. 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rt. 1 Webb City, Mo. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Claude A. Irelan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M D

5. Color or race W

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

6. (b) Name of husband or wife Clare Maxfield Irelan

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased April (Month) 2 (Day) 1886 (Year)

8. AGE: Years 62 Months 3 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Rt. 1 Webb City, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business Miner

FATHER
12. Name James Irelan
13. Birthplace Indiana /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emily Kost
15. Birthplace Illnois /
(City, town, or county) (State or foreign country)

16. (a) Informant James Irelan
(b) Address Carl Jct. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Carl Jct. Cem.

18. (a) Signature of funeral director Thornhill-Dillon Mortuary
(b) Address Joplin, Mo.

19. (a) JULY 26, 1948 (Date received local registrar) (b) [signature] (Registrar's signature) 127

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1948 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from 10-18, 1947, to 6-4, 1948; that I last saw him alive on 6-4, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Complete Anuria	3 days
Due to Carcinoma of Prostate	1 yr.
Due to	
Other conditions Generalized Metastasis (Include pregnancy within 3 months of death)	

Major findings:
Of operations Ca. of Prostate, Adina Carcinoma.
Of autopsy not allowed.

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature [signature] (M. D. or other)
Address Joplin Mo Date signed 7-22-48

(Licensed Embalmer's Statement on Reverse Side)

48-7-644

AUG 9 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 Cecil A. Thornhill

Licensed Embalmer No. 3590

P.O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.