FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 8 1948
Registration District No. 33

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25669

Primary Registration District No. 3010

Registrar's No. 270

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days - 18 hr (Specify whether
In this community 6 days - 18 hr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scott 100
(c) City or town Benton 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Thales Robert Irvin
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 Apart. 11
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 20 (Day) 1948 (Year)

8. AGE: Years — Months — Days 6 If less than one day 18 hr. — min.

9. Birthplace Cape Girardeau (City, town, or county) Missouri (State or foreign country) 1
10. Usual occupation Inf
11. Industry or business
FATHER
12. Name Shirley Irvin
13. Birthplace Morley (City, town, or county) Missouri (State or foreign country) 0
MOTHER
14. Maiden name Frances Amelia Anderson
15. Birthplace Campbell (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Mrs Frances Irvin
(b) Address Benton, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation Campbell Mo
18. (a) Signature of funeral director Day Funeral Home
(b) Address Morley Mo
19. (a) 8-30-48 (Date received local registrar) (b) C. C. Summers (Registrar's signature) 44

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27th
year 1948 hour 12 minute 20 P.M.

21. I hereby certify that I attended the deceased from Aug-22- 1948 to Aug 27, 1948
that I last saw him alive on Aug 27, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Hemorrhage	7 days.
Due to	
Due to	
Other conditions Prematurity (1 mo.) and Abruptio Placenta	7 days. 7 days.

Major findings:
Of operations
Of autopsy 159

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 G. F. Oehler (M. D. or other)
Address Cape Girardeau, Mo Date signed 8/27/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
...ict Health Officer No.
...rict File Number 94
Date Filed 9-

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 NOT EMBALMED 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 wit the above constitutes grounds for revocation of license.)

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