S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 29 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29340

Registration District No. 401 Primary Registration District No. 4173 Registrar's No. 46

1. PLACE OF DEATH:
(a) County Douglas
(b) City or town Ava (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (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)

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

3. (a) PRINT FULL NAME James Thomas Irby
3. (b) If veteran, name war No
3. (c) Social Security No. 490-20-1798
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grace Marsh Irby
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased December 5, 1886 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	61	9	10	hr. min.

9. Birthplace Hall Town, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Fruit Dealer
11. Industry or business
FATHER
12. Name John Irby
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Abygale Baker
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Pauline J. Stemmons
(b) Address 5451 Mary Ave. L.B. Calif.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation Girdner
18. (a) Signature of funeral director Clinkingbeard
(b) Address Ava, Missouri Funeral Home
19. (a) Sept 22-48 (Date received local registrar) (b) Vestal Bushman (Registrar's signature) X 4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15 year 1948 hour 12 minute 45 P. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Coronary occlus	2 hrs
Due to	
Due to	
Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death)	?
Major findings: Of operations	
Of autopsy	

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
23. Signature M. C. Gentry (M. D. or other)
Address Ava Mo Date signed 9-18-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 948-1098
Date Filed SEP 28 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 C. A. Roof

Licensed Embalmer No. 3084

P. O. Address.....

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.