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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 12 1948

Registration District No. 37

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33235

Primary Registration District No. 3028

Registrar's No. 247

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1321 So. Main St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
(Specify whether years, months or days)
In this community 77 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Carthage
(If outside city or town limits, write "RURAL")

(d) Street No. 1321 So. Main St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Edgar Hugh 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 Georgia Sue Wood Irwin

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased June (Month) 15 (Day) 1868 (Year)

8. AGE: Years 80 Months 4 Days 14 If less than one day hr. min.

9. Birthplace near Springfield (City, town, or county) Illinois (State or foreign country)

10. Usual occupation insurance broker

11. Industry or business ----

FATHER
12. Name Thomas K. Irwin
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Annie N. Cox
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Miss Virginia Irwin
(b) Address 1321 S. Main, Carthage, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct 31, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Mo.

19. (a) 11/1/1948 (Date received local registrar) (b) L. B. Clayton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29 year 1948 hour 1:45 minute a M.

21. I hereby certify that I attended the deceased from Feb 22, 1946, to Oct 29, 1948; that I last saw him alive on Oct 28, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis, Chronic interstitial	5 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Senility	

Major findings:
Of operations none
Of autopsy none

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 George H. Wood (M. D. or other)
Address Carthage Mo Date signed Oct 29 '48

(Licensed Embalmer's Statement on Reverse Side)

48-11-932

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 Frank W. Kuell

Licensed Embalmer No. 4440

P. O. Address Carthage

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.