S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 24 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39117

Registration District No. 347 Primary Registration District No. 4513 Registrar's No. 17

1. PLACE OF DEATH:
(a) County Sullivan
(b) City or town Greencastle
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Greencastle, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Life
years, months or days)

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

3. (a) PRINT FULL NAME Irvin M. Medley
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 7 (Day) 1914 (Year)

8. AGE: Years 34 Months 6 Days 10 If less than one day hr. min.
9. Birthplace Adair County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name George W. Medley
13. Birthplace Macon County, Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rosa Ann Garrett
15. Birthplace Adair County, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Ruth Love
(b) Address Kirksville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation Greencastle, Mo.
18. (a) Signature of funeral director Dee Riley Funeral Home
(b) Address Kirksville, Missouri
19. (a) 11-19-48 (Date received local registrar) (b) Laura Catlett (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 17
year 1948 hour 3:35 minute A: M.
21. I hereby certify that I attended the deceased from [illegible] 19[illegible] to 11-19 19[illegible]
that I last saw him alive on 11-19 19[illegible]
and that death occurred on the date and hour stated above.
Immediate cause of death Carcinoma of stomach
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
Duration
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 C. L. Martin (M. D. or other)
Address Kirksville, Mo. Date signed

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-48-1994
Date Filed NOV 22 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 Roy H. Mercer, Jr.

Licensed Embalmer No. 4432

P. O. Address Kirksville, 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.