No. 300
10.48

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

FILED FEB 14 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 263

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 149

**1. PLACE OF DEATH**
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1214 So 11th St.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
d. STREET ADDRESS (If rural, give location): 1214 So. 11th St.

**3. NAME OF DECEASED** (Type or Print)
a. (First): Florence
b. (Middle): P.
c. (Last): Ireland

**4. DATE OF DEATH** (Month): 2 (Day): 1 (Year): 1949

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Feb. 12, 1890
**9. AGE** (In years last birthday): 58 — If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: home
**11. BIRTHPLACE** (State or foreign country): Ohio
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Unknown
**13b. MOTHER'S MAIDEN NAME**: Unknown
**14. NAME OF HUSBAND OR WIFE**: James A. Ireland

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: 491-22-9917
**17. INFORMANT'S SIGNATURE OR NAME, ADDRESS**: James A. Ireland, 1214 So. 11th

## MEDICAL CERTIFICATION

**18. CAUSE OF DEATH** Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — Interval between onset and death: 1 day

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Syphilitic Heart Disease — Ukn.

DUE TO (c) Syphilis — Ukn.

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**: none
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES ☐ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify):
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.):
**21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.:
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**:

D

22. *I hereby certify that I attended the deceased from* Nov. 9, 19 48, *to* Feb. 1, 19 49, *that I last saw the deceased alive on* Jan 31, 19 49, *and that death occurred at* 10:30 A m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Clement C. Schneider M.D.
**23b. ADDRESS**: The Schneider Bldg. St. Joseph, Missouri
**23c. DATE SIGNED**: 2-2-1949

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 2/3/1949
**24c. NAME OF CEMETERY OR CREMATORY**: Mt. Olivet
**24d. LOCATION** (City, town, or county) (State): St. Joseph, Missouri

**DATE REC'D BY LOCAL REG.**: Feb 5, 1949
**REGISTRAR'S SIGNATURE**: E. L. Jenkins
**25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS**: John E. Rupp St. Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

## 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, [redacted] ..... Student Embalmer No. .....

working under my personal supervision.

Signed John E. Rupp

Signed .....
Student Embalmer

Licensed Embalmer No. 3968

P. O. Address St Joseph

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.