

FILED APR 6 1949 STANDARD CERTIFICATE OF DEATH

State File No. 8446

1145

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SALINE</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>4</u> <u>1 MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SLATER</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MARGARET KATHAYN HOME</u> <u>2641 FOREST AVENUE</u>				d. STREET ADDRESS (If rural, give location) <u>530 NORTH BROADWAY</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>CLARENCE</u>		b. (Middle) <u>RICHARD</u>		c. (Last) <u>IRELAND</u>			
		4. DATE OF DEATH		(Month) (Day) (Year)		<u>MAR-12-1949</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>APR-4-1872</u>			
9. AGE (In years last birthday) <u>76 YEARS</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER-RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>R.P. SLATER MO.</u>		11. BIRTHPLACE (State or foreign country) <u>MIAMI, MISSOURI</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>RICHARD IRELAND</u>		13b. MOTHER'S MAIDEN NAME <u>MATTIE MARTIN</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. LUCY BELLE IRELAND</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. E. L. LOOMIS</u>		ADDRESS <u>2334 DAURY AVENUE</u> <u>KANSAS CITY, MISSOURI</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Arterio Sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>no 443X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u> <u>5 yrs</u> <u>5 yrs</u>	
19a. DATE OF OPERATION <u>NO</u>		19b. MAJOR FINDINGS OF OPERATION <u>NO</u>		20. AUTOPSY? YES ☐ NO ☒					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NO</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NO</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>NO</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? <u>NO</u>					
22. I hereby certify that I attended the deceased from <u>March 1, 1949</u> to <u>March 11, 1949</u> that I last saw the deceased alive on <u>March 12, 1949</u> , and that death occurred at <u>10:55 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>M. B. Casebolt</u> <u>M. B. Casebolt</u>				23b. ADDRESS <u>4000 Baltimore 75th</u>		23c. DATE SIGNED <u>3-12-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR-12-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>REHOBETH CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SLATER MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>3-12-49</u>		REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Greenman</u>		ADDRESS <u>1401 BROWN CREEK</u> <u>KANSAS CITY, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Bernard J. Horan

Signed _____
Student Embalmer

Licensed Embalmer No. 4250

P. O. Address A C 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.