

FILED APR 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8447**  
**968**

44

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|  |                               |  |  |
|--|-------------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b> c. LENGTH OF STAY (in this place) <b>3 Weeks</b>   |                               | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Liberty</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>   |                               | d. STREET ADDRESS (If rural, give location) <b>Liberty R 2</b>   |  |
| 3. NAME OF DECEASED a. (First) <b>Samuel</b> b. (Middle) <b>E.</b> c. (Last) <b>Irminger</b>   |                               |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 27-49</b>                 |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>  | 8. DATE OF BIRTH <b>May 4 1882</b>                                     |
| 9. AGE (In years last birthday) <b>66</b>  |                               | IF UNDER 1 YEAR<br>Months <b>9</b> Days <b>23</b>  | IF UNDER 1 HRS.<br>Hours <b>1</b> Min.                                 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (State or foreign country) <b>Liberty Missouri OR 2</b> |
| 12. CITIZEN OF WHAT COUNTRY? <b>US.</b>  |                               | 13a. FATHER'S NAME <b>William Irminger</b>   |  |
| 13b. MOTHER'S MAIDEN NAME <b>Marie Snail</b>   |                               | 14. NAME OF HUSBAND OR WIFE <b>Elle Irminger</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service)   |                               | 16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>  |  |
| 17. INFORMANT'S SIGNATURE OR NAME <b>Elle Irminger</b>   |                               | ADDRESS <b>Liberty Mo.</b>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>                    |                               |  |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MALIGNANT MELANOMA, METASTATIC</b>   |                               |  | INTERVAL BETWEEN ONSET AND DEATH <b>4 MONTHS</b>                       |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving DUE TO (b) _____<br>rise to the above cause (a) stating the underlying cause last.<br>DUE TO (c) _____  |                               |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>191<sup>N</sup></b>   |                               |  |  |
| 19a. DATE OF OPERATION   |                               | 19b. MAJOR FINDINGS OF OPERATION <b>PRIMARY MELANOMA BACK</b>  |  |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |                               |  |  |
| 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 <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>          |  |
| 21f. HOW DID INJURY OCCUR?   |                               |  |  |
| 22. I hereby certify that I attended the deceased from <b>FEB 11, 1949</b> , to <b>FEB 27, 1949</b> , that I last saw the deceased alive on <b>FEB 26, 1949</b> , and that death occurred at _____ m., from the causes and on the date stated above. |                               |  |  |
| 23a. SIGNATURE <b>James W. Willoughby</b> (Degree or title) <b>James W. Willoughby M.D.</b>  |                               | 23b. ADDRESS <b>114 Water Liberty Mo</b>   |  |
| 23c. DATE SIGNED <b>Feb 28, 1949</b>   |                               |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  |                               | 24b. DATE <b>Mar. 2-49</b>   |  |
| 24c. NAME OF CEMETERY OR CREMATORY <b>Reirview</b>   |                               | 24d. LOCATION (City, town, or county) (State) <b>Liberty Mo.</b>   |  |
| DATE REC'D BY LOCAL REG. <b>3-2-49</b>   |                               | REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>   |  |
| 25. FUNERAL DIRECTOR'S SIGNATURE <b>Church-Cresner Co. Liberty Mo</b>  |                               | ADDRESS  |  |

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

AUG 25 1949  
APR 26 1948

JAN 29 1962

**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.

Student .....  
Student Embalmer

Signed

*John K. Barber*

Licensed Embalmer No. 4478

P. O. Address Liberty 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.