

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43733

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5492

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>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>LEAD Kansas City Mon Resident</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0420</u> -OR- TOWN <u>RURAL KANSAS CITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/4 MI. EAST OF CHEVROLET PLANT ON RAYTOWN ROAD - IN CAR.</u>		d. STREET ADDRESS (If rural, give location) <u>5512 POPLAR - R.R. #3</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>CLIFTON</u> c. (Last) <u>IRELAND</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. - 25 - 1949</u>
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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>SEPT. - 11 - 1889</u>	9. AGE (In years last birthday) <u>60 YRS.</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 YEAR: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DRIVER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RAILWAY EXPRESS AGENCY, INC.</u>	11. BIRTHPLACE (State or foreign country) <u>MORTON, Co. KANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>OSCAR IRELAND</u>	13b. MOTHER'S MAIDEN NAME <u>CARRIE WOLFE</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. SADIE IRELAND</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>714-07-0720</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. SADIE IRELAND</u>	ADDRESS <u>5512 POPLAR R.R. #3 K.C. MO.</u>
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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) <u>Acute Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Hypertensive Heart Disease</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>42 ml</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 18, 1949, to Dec 25, 1949, that I last saw the deceased alive on 3/18/49, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Martin P. Hunter</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1408 Waldheim Bldg. Kansas City, Mo.</u>	23c. DATE SIGNED <u>1-27-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>DEC. 28, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>12-28-49</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons</u>	ADDRESS <u>1331 BRUSH CREEK BLVD KANSAS CITY, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3008

1408 to 8041
A/202 8/ 8041

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 Robert Ray

Licensed Embalmer No. 12182

P. O. Address Kansas City

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.