No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5810

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 582

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 422 E 9st (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community ___ years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 740 Locust (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME OMER O. ERWIN

3. (b) If veteran, name war Spanish amer
3. (c) Social Security No. none

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced 9
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Jan (Month) 28 (Day) 1880 (Year)

8. AGE:	Years	Months	Days	If less than one day
	61	0	10	hr. min.

9. Birthplace Jackson County (City, town, or county) Indiana (State or foreign country)
10. Usual occupation Retired Engineer
11. Industry or business Railroad
FATHER
12. Name Robert Irwin
13. Birthplace (City, town, or county) Indiana (State or foreign country)
MOTHER
14. Maiden name Martha McHargue
15. Birthplace (City, town, or county) Indiana (State or foreign country)
16. (a) Informant Mrs F. M. Kernard
(b) Address 430 W 54 Ter Kcmo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-10-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope - Kcks
18. (a) Signature of funeral director R. A. Fulton
(b) Address Kcks
19. (a) 2/10/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ___ day 2-7-41
year ___ hour ___ minute ___ M.
21. I hereby certify that I attended the deceased from 8 30 a. 19__ to ___ 19__;
that I last saw him alive on ___ 19__;
and that death occurred on the date and hour stated above.
Immediate cause of death Deputy Coroner
Due to Hemopericardium
Due to Rupture of the heart
Other conditions Acute myocardial infarction
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to 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 3
23. Signature Victor M. Mihler (M. D. or other)
Address K. C. Mo Date signed

(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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed R. A. Fulton

Licensed Embalmer No. 3402

P. O. Address Kan City, Ki

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.