

NOV 15 1940 30

Registration District No. 30

Primary Registration District No. 5191

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Cape County
(b) City or town Keokuk, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Keokuk
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether _____)
In this community All life
years, months or days

3. (a) PRINT FULL NAME HEZEKIAH ERVIN
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W
6. (b) Name of husband or wife Lydia Ervin 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Sept 22 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days _____ If less than one day hr. _____ min. _____

9. Birthplace White Water Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____
MOTHER FATHER { 12. Name James Ervin
13. Birthplace White Water Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mrs. Pappan
15. Birthplace White Water Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Hezekiah Ervin
(b) Address Cape Gir, Mo.

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pappan Cemetery

18. (a) Signature of funeral director George F. ...
(b) Address Cape Gir, Mo.

19. (a) Nov 8 1940 (b) Mrs. Wm. Stickle
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 27
year 1940 hour 5 P.M. minute _____ M.
21. I hereby certify that I attended the deceased from Dec 12 - 1939
_____, 19____, to Oct 27, 1940
that I last saw him alive on Oct 27, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Arterio Sclerosis
Cerebral hemorrhage 2 1/2
Due to arterio Sclerosis _____
Due to Do not know any _____
Cause other than the _____
above. _____

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Blood pressure _____
Of operations 250 _____
Of autopsy none _____

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?
Y
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very importa

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.....

W. H. Estes

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

working under my personal supervision.

Signed.....

Licensed Embalmer No. *3568*

P. O. Address *Cape Girardeau*

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, above space should be left blank.