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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4342

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

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: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mos. 24 days (Specify whether years, months or days)
In this community 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town (If outside city or town limits, write "RURAL") 5
(d) Street No. 2520 Lawn 6
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Minnie Erbacher
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Femal
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John C. Erbacher
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Feb 3 1885 (Month) (Day) (Year)
8. AGE: Years 58 Months 8 Days 8 If less than one day hr. min.
9. Birthplace (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER 12. Name Tilman Howars Cloud
13. Birthplace (City, town, or county) Tenn. (State or foreign country)
MOTHER 14. Maiden name Catherene Henderson
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant John C. Erbarcher
(b) Address 2520 Lawn
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 13 1943 (Month) (Day) (Year)
(c) Place: burial or cremation St Marys Cemetery
18. (a) Signature of funeral director Mrs C. L. Forster
(b) Address 918 Brooklyn
19. (a) 10-12-43 (Date received local registrar) (b) P. C. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11th year 1943 hour 2 minute 15 A. M.
21. I hereby certify that I attended the deceased from June 16th 1943 to Oct. 11th 1943 that I last saw her alive on Oct. 11th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Squamous cell carcinoma of mouth with metastases	
Due to 45	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy See above	

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
23. Signature Henry R. Thom (M.D. or other)
Address Med. Dir Gen'l Hosp. Date signed 10-11-43

(Licensed Embalmer's Statement on Reverse Side)

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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 Theron L. Redmon

Licensed Embalmer No. 2737

P. O. Address Wilmo

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.