

FILED NOV 10 1945

Registration District No. 47

Primary Registration District No. 5164

1. PLACE OF DEATH: CALLAWAY

(a) County: CALLAWAY

(b) City or town: RURAL Fulton R.F.D. 6
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Fulton Hwy
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community wife years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: CALLAWAY 14

(c) City or town: RURAL (If outside city or town limits, write "RURAL")

(d) Street No.: PORTLAND MO. (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country: _____

3. (a) PRINT FULL NAME: EDWARD EHRICH

3. (b) If veteran, name war: _____

3. (c) Social Security? No. _____

4. Sex: MALE () 5. Color or race: white

6. (a) Single, widowed, married, divorced: SINGLE ()

6. (b) Name of husband or wife: _____

6. (c) Age of husband or wife if alive: _____ years (Day) (Year)

7. Birth date of deceased: JAN 31 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace: CALLAWAY CO. MO
(City, town, or county) (State or foreign country)

10. Usual occupation: RETIRED RAILROAD WORKER

11. Industry or business: _____

12. Name: FREDRICK EHRICH

13. Birthplace: GERMANY 4
(City, town, or county) (State or foreign country)

14. Maiden name: BERTHA KAISER

15. Birthplace: NEW YORK 1
(City, town, or county) (State or foreign country)

16. (a) Informant: E. J. EHRICH

(b) Address: PORTLAND, MO.

17. (a) BURIAL (b) Date thereof: OCT. 30, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: PORTLAND

18. (a) Signature of funeral director: Glen Y. Maysen

(b) Address: Fulton, Mo

19. (a) 10-30-45 (b) Joan Morsinkhoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 27 year 45 hour 12 minute 2:00 P.M.

21. I hereby certify that I attended the deceased from OCT 13 to OCT 27, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: stroke
insufficiency of heart

Due to: _____

Due to: _____

Other conditions: Drugs & Coumadin
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: _____

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? _____

While at work? _____ (Specify type of place) (c) Means of injury: 0

23. Signature: W. Payne (M. D. or other)

Address: R. L. Fulton Date signed: 10/29-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 11-9-45

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 Glen Y. Marpin
Licensed Embalmer No. 2725
P. O. Address Fulton, 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: