

S. No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
**FILED AUG 12 1946** STANDARD CERTIFICATE OF DEATH

25963

State File No. \_\_\_\_\_

Registration District No. 337

Primary Registration District No. 4497

Registrar's No. 70

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

1. PLACE OF DEATH:  
(a) County Shelby  
(b) City or town Clarence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 30 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Shelby  
(c) City or town Clarence Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Jane Erdwins

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jerry Erdwins 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Sept 25th 1891  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 9 17 hr. \_\_\_\_\_ min.

9. Birthplace Vermillion Co Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Jacob Hess

13. Birthplace Penna  
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Parsons

15. Birthplace Ill  
(City, town, or county) (State or foreign country)

16. (a) Informant Jerry Erdwins

(b) Address Clarence Mo

17. (a) Burial (b) Date thereof 7/14/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarence Mo

18. (a) Signature of funeral director Million & Berkeley Clarence Mo.

(b) Address \_\_\_\_\_

19. (a) July 23-46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th  
year 1946 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 12, 1946 to July 12, 1946  
that I last saw him alive on July 12, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocardial failure Duration 2 minutes

Due to chronic mitral stenosis 4 years

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 92b

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Dr. B. Edington (M.D. or other) DO

Address Clarence, Mo. Date signed 7/17/46

RECEIVED  
District Health Officer No. 10  
District File Number *S-46-1467*  
Date Filed *AUG 10 1946*

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 *Henry A. Burkholder*

Licensed Embalmer No. *3835*

P. O. Address *Shelburne Vt*

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.