

FILED JUL 17 1948

Registration District No. **177**

Primary Registration District No. **4183**

Registrar's No. **100**

1. PLACE OF DEATH:

(a) County **Franklin**
 (b) City or town **Pacific**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **3**
 (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)

3. (a) PRINT FULL NAME **Ronald Louis Ehler**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. **none**

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

7. Birth date of deceased **JANUARY 21 1936**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	12	4	7	hr. _____ min.

9. Birthplace **Richmond Heights Mo**
 (City, town, or county) (State or foreign country)

10. Usual occupation **At School**

11. Industry or business _____

12. Name **Ervin Ehler**

13. Birthplace **New Haven Mo**
 (City, town, or county) (State or foreign country)

14. Maiden name **Grace Owens**

15. Birthplace **Spanish Lake Mo**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Ervin Ehler**

(b) Address **Pacific, Mo. RFD #2**

17. (a) **Burial** (b) Date thereof **May, 31, 48**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pacific, Mo.**

18. (a) Signature of funeral director **Geo. L. Chichee**

(b) Address **Pacific, Mo.**

19. (a) **5/29/48** (b) **Mary B. Green**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin** **36**
 (c) City or town **Rural Pacific** **0**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **RFD #2** **0**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **28th** day **May**
 year **1948** hour **3** minute **45 P.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Accident** Duration _____
Body pinned to overy, intended
discharge. Hard blow on head
Due to making a turn on highway
in front of car, got hit by car.
Due to carelessness of the day.

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **170 25**

Of autopsy _____

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) **Accident** **36**

(b) Date of occurrence **May 28th 1948**

(c) Where did injury occur? **Pacific, Franklin, Mo**
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway 66

(Specify type of place) While at work? **no** (e) Means of injury **accident**

23. Signature **E. H. Olthman** **Green**

Address **Union Mo** Date signed **5/28/48**

WHILE FATHER USE UNPAID SERVICE IN MAKE A FURNITURE RECORD

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number JUL 15 1948
Date Filed

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 *Jno. L. Sheehan*

Licensed Embalmer No. *3008*

P. O. Address *Pacific*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.