

No. 300
M-10-47
5-17-39
I 3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29741**
Registrar's No. **3788**

FILED SEP 25 1948
Registration District No. **1002**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **Research Hospital**
(d) Length of stay: In hospital or institution **1 day**
In this community **75 yr**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Jackson**
(c) City or town **Rural - Brookings Twp.**
(d) Street No. **Le mi So. of Raytown Mo**
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Lon Ervin**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **no**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **September** Day **14th**
year **1948** hour **6:00 AM** minute _____ M.

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **unknown**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **April 16 1873**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **9 '13** to **9 '14**, 19**48**
that I last saw him alive on **9 '13**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis** Duration **6 days**
Due to **Coronary arteriosclerosis**

8. AGE: Years **75** Months **4** Days **28**
If less than one day _____ hr. _____ min.

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: **none**
Of operations _____
Of autopsy **none**

9. Birthplace **Jackson County Mo**
10. Usual occupation **Farmer**

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name **Ervin**
13. Birthplace _____
14. Maiden name **unknown**
15. Birthplace _____

16. (a) Informant **Ray Ervin**
(b) Address **Let's Summit Mo**
17. (a) **Burial** (b) Date thereof: **9-16-48**
(c) Place: burial or cremation **Noland Cem. Jackson Co.**

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

18. (a) Signature of general director **N.B. Langford**
(b) Address **Let's Summit Mo**
19. (a) **9-16-48** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury **D**
23. Signature **Jack M. Davis** (M. D. or other) **M.D.**
Address **Raytown, Mo** Date signed **9-14-48**

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

MOTHER, FATHER

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.....

H. B. Langford

Licensed Embalmer No.....

3833

P. O. Address.....

Lee's Summit 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.