

Registration District No. **399**

Primary Registration District No. **1002**

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:
General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day**
(Specify whether
In this community **10 yrs**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **110 Park**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME **William Erwin** **65D**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **496-01-5617**

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Marie Erwin** 6. (c) Age of husband or wife if alive **45** years

7. Birth date of deceased **Aug 30 1889**
(Month) (Day) (Year)

8. AGE: Years **50** Months **9** Days **3** If less than one day hr. _____ min.

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Iron worker (Steel)**

11. Industry or business _____

12. Name **William Erwin**

13. Birthplace **No record**
(City, town, or county) (State or foreign country)

14. Maiden name **Laura Jacobs**

15. Birthplace **No record**
(City, town, or county) (State or foreign country)

16. (a) Informant **David E. Erwin**

(b) Address **2019 Jackson**

17. (a) **Burial** (b) Date thereof **June 6 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Hill Kans City Kas.**

18. (a) Signature of funeral director **Mrs. C.L. Forster**

(b) Address **918 Brooklyn**

19. (a) **June 5, 1940** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **2-40** year _____ hour _____ min **9:45** P.M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____
that I last saw him/her alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death **Gun Shot wound of Head**

Due to **Refractured Base of Skull**

Due to **167**

Other conditions (Include pregnancy within 6 months of death)

Major findings Of operations **Fractured Base of Skull**

Of autopsy **at**

Duration
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) **Suicide**

(b) Date of occurrence **6-1-40**

(c) Where did injury occur? **Forest City Jackson Mo**
(City or town) (County) (State)

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

While at work? (Specify type of place) (e) Means of injury **Shot by Self**

23. Signature **Russell** (M. D. or other)

Address _____ Date signed _____

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

FILED JUL 15 1940

MAR - 6 1945

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

Russell C. Browning

Licensed Embalmer No. *2724*

P. O. Address

H. C. 215

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, above space should be left blank.