

FILED JUN 15 1940

No. 2  
11-10-39  
5-17-39  
I X21492DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 20960

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2577

## 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:  
St. Mary's Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 45 years (Specify whether years, months or days)  
 In this community 45 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME AUGUST F. ERBACHER 6173. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, widowed, married, divorced <u>Married</u>
6. (b) Name of husband or wife <u>Anna C. Erbacher</u>	6. (c) Age of husband or wife if alive <u>54</u> years	
7. Birth date of deceased <u>March 4, 1877</u> (Month) (Day) (Year)		

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>3</u>	<u>19</u>	hr. m/n.

9. Birthplace St. Mary's Kansas  
(City, town, or county) (State or foreign country)10. Usual occupation Contractor11. Industry or business Building Construction12. Name Jacob Erbacher13. Birthplace Bavaria  
(City, town, or county) (State or foreign country)14. Maiden name Mary Lenze15. Birthplace Germany  
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Anna C. Erbacher(b) Address 5703 Rockhill Road17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/40  
(Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Zurk & Tobin Co.(b) Address Kansas City, Mo.19. (a) June 25, 1940 (Date received local registrar) M. M. Crowe (Registrar's signature)

## 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. 5703 Rockhill Road  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from May 12, 1940  
19 \_\_\_\_\_, to June 23, 1940.  
that I last saw him alive on June 22, 1940.  
and that death occurred on the date and hour stated above.Immediate cause of death Uremic Convulsions (Uremia)  
Duration \_\_\_\_\_Due to Prostatic Obstruction 930Due to Enlarged ProstateOther conditions Myocarditis etc.  
(Include pregnancy within 3 months of death)Major findings: Of operations NoneOf autopsy None

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 [Signature] (Physician or other)Address 1019 Prof. Bldg. K.P. Mo Date signed 6/24/40

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

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**