S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED NOV 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34976

Registration District No. 318

Primary Registration District No. 5439

Registrar's No. 805

1. PLACE OF DEATH:

(a) County Greene

(b) City or town ~~Springfield~~ (Rural) Campbell
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D. #2 4 mi East of Springfield
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community one week
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Strafford ~~7 Miles N.W.~~
(If outside city or town limits, write "RURAL")

(d) Street No. 7 Miles N.W. 0
(If rural, give location) 0

(e) Citizen of foreign country? NO (Yes or No)

If yes name country ✓

3. (a) PRINT FULL NAME Jefferson Davis Erwin

3. (b) If veteran name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Larcy M. Erwin

6. (c) Age of husband or wife if alive XX years

7. Date of deceased Nov. 1 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Unknown Tenn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farming

FATHER
12. Name John Adams Erwin
13. Birthplace Unknown Tenn. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse Erwin
(b) Address Springfield, Mo. R.F.D. #2

17. (a) Burial (b) Date thereof Oct. 8, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hickory Grove Cemetery

18. (a) Signature of funeral director Erwin Blue
(b) Address Bolivar, Mo.

19. (a) 10-8-41 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7
year 1941 hour 1:55 minute a. M.

21. I hereby certify that I attended the deceased from April, 1940, to Oct. 7, 1941;
that I last saw him alive on 10-4-41, 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertrophy Prostate Senility	4 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

137a

Major findings:
Of operations
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)
(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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature E. Simpson MD (M. D. or other)
Address Springfield, Mo. Date signed 10-7-41

(Licensed Embalmer's Statement on Reverse Side)

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 Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar 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.