

FILED MAY 16 1942
96

Registration District No. _____

Primary Registration District No. 6038

Registrar's No. 72

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

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Grand Pass (RURAL) Grand Pass
(c) Name of hospital or institution: Township.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Saline
(c) City or town Grand Pass
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Johannah F. Ernst
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month APR. day 18th
year 1942 hour 4 minute 9 M.

4. Sex Female **5. Color or face** White
6. (a) Single, widowed, married, divorced. Widowed
6. (b) Name of husband or wife John Ernst **6. (c) Age of husband or wife if** 20 years
7. Birth date of deceased november 20 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-16 1942 to 4-18 1942
that I last saw her alive on 4-18 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 3 Days 28 If less than one day _____ hr. _____ min.

Immediate cause of death Pneumonia Lobes Duration 4 days

9. Birthplace Warren County, Mo. (City, town, or county) (State or foreign country)

Due to _____
Due to _____

10. Usual occupation Retired

Other conditions (Include pregnancy within 3 months of death) Cardio Vascular Renal
Major findings: Coronal
Of operations _____

11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

Of autopsy None
Underline the cause to which death should be charged statistically.

16. (a) Informant August Ernst
(b) Address Grand Pass, Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof April 21/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Blackburn Cemetery

(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? _____

18. (a) Signature of funeral director Willis-Marshall
(b) Address Carrollton, Mo.
19. (a) 4/21/42 (b) Mo. T.O. Westbrook
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Geo A. Telling (M. D. or other) _____
Address Waverly Mo Date signed 4-19-42

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-15-42

NOV 4 1942

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 myself

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed

R. M. Marshall

Licensed Embalmer No. 25285

P. O. Address Corvettus 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.