

FILED AUG 12 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23360

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2884

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: 6900 Paseo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 60 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL.") 8
(d) Street No. 6900 The Paseo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ----- 0

3. (a) PRINT FULL NAME Mr. James Monroe Erskine

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife: ----- 6. (c) Age of husband or wife if alive: ----- years
7. Birth date of deceased October 8 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 22 If less than one day hr. min.

9. Birthplace Philadelphia / Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation Attendance Officer

11. Industry or business Kansas City School System

12. Name Thomas J. Erskine

13. Birthplace Delaware County / Pennsylvania
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Griffiths

15. Birthplace Delaware County / Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse G. Erskine
(b) Address 6900 Paseo

17. (a) Burial (b) Date thereof: August 1, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery
18. (a) Signature of funeral director D. W. Newcomer Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 2-31-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30th
year 1942 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from May
1932 to July 30, 1942
that I last saw her alive on July 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of liver
Duration: 46 1/2

Due to: -----
Due to: -----
Other conditions: hypertension - Bright disease
(Include pregnancy within 3 months of death)

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) no
(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 at (Specify type of place) (Specify means of injury)
23. Signature E. Mathias (M. D. or other) O
Address 1003 Sharp Blvd. Reno Date signed 7/31/42

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

1111 27 1948

1003 Sharp Bldg.
12-11-48

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. C. Newcomer*
Licensed Embalmer No. *4043*
P. O. Address *H. C. Newcomer*

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.