

2
3-40
7-39
DC29154

32357

LED OCT 6 1943 295
Registration District No. 1943295

Primary Registration District No. 6014

State File No. _____
Registrar's No. 54

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

1. PLACE OF DEATH:

(a) County RADDOIPH
(b) City or town RURAL - Monticau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community About 42 yrs (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Rural - Monticau
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ Years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Sept day 11
year 1943 hour 1:10 minute 45A M.
21. I hereby certify that I attended the deceased from Sept 10, 1943 to Sept 11, 1943
that I last saw h. alive on Sept 11, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____

Bronchial Pneumonia

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy NO

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature J. H. Kimm (M. D. certificate)
FEIGVEE, M.D.
Address _____ Date signed 9/13-43

3. (a) PRINT FULL NAME LENARD M. ERLY

3. (b) If veteran, name war L 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 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 Sept 16 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 11 26 hr. min.

9. Birthplace PITTSBURG KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation COAL MINER

11. Industry or business _____

12. Name WILLIAM ERLY

13. Birthplace DOXSBURO PENNA
(City, town, or county) (State or foreign country)

14. Maiden name MARY ANN SMITH

15. Birthplace LONDON ENGLAND
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice Wilson

(b) Address Wichita Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 14-1943
(Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery, Topeka

18. (a) Signature of funeral director J. S. Middles

(b) Address Hyber mo

19. (a) 9-15-43 (b) Mrs. P. Brown
(Date received local registrar) (Registrar's signature)

1027

