

NOV 1 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4343

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:  
Menorah Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 weeks  
 In this community since 1888 (Specify whether years, months or days)

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. 30 East 55th Street,  
(If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country X

3. (a) PRINT FULL NAME Alvin L. Ernst,  
 3. (b) If veteran, name war no.  
 3. (c) Social Security No. no.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month October day 11th  
 year 1943 hour 17 minute 35 A.M.

4. Sex Male  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Widowed  
 6. (b) Name of husband or wife Antoinette W. Ernst  
 6. (c) Age of husband or wife if alive dec. years  
 7. Birth date of deceased June 14 1860  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 26 to Oct 11 1943  
 that I last saw him alive on Oct 10 1943  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
83 3 28 27 hr. min.

Immediate cause of death  
Pneumonia Terminal 3 days  
 Due to Thromb. Phlebitis 2 weeks  
 Due to Prostatectomy 100 days 4 weeks

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

Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Prostatic Hypertrophy  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation Retired,

11. Industry or business X  
 12. Name Martin L. Ernst,  
 13. Birthplace Germany, 4  
(City, town, or county) (State or foreign country)  
 14. Maiden name uth Ann Roontz,  
 15. Birthplace Unknown, 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. Hahn,  
 (b) Address 30 East 55th St., Kansas City, Mo.  
 17. (a) Burial (b) Date thereof 10-13-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Forest Hill Cemetery

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)  
 Means of injury \_\_\_\_\_  
 23. Signature P. Albert Lehmann, 9  
(Name of other)  
 Address 1007 Prof. Rd. Date signed 10/14/43

18. (a) Signature of funeral director Stine & McClure,  
 (b) Address 3235 Gillham Plaza, Kansas City, Mo.  
 19. (a) 10-12-43 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

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

FILE  
5-17-39  
X35897

