

FILED APR 7 1945

Registration District No. 1945

Primary Registration District No. 6097

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Schuyler
(b) City or town Independence, Kansas
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 60 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Schuyler
(c) City or town Rural Independence
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Willis Evert Erwin

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Erwin 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased June 5 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 10 If less than one day hr. min.

9. Birthplace Schuyler Co. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business

12. Name Andy Erwin

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

14. Maiden name Jane Rowster

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

16. (a) Informant Dee Erwin

(b) Address Dorning MO.

17. (a) Burial (b) Date thereof 3-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coffin

18. (a) Signature of funeral director Floyd Moore

(b) Address Dorning MO.

19. (a) 2-29-1944 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15 day March 1944
year 1944 hour about 10 minute 39 am

21. I hereby certify that I attended the deceased from not at all
..... 19.....
that I last saw him alive on Feb 21 1944
and that death occurred on the date and hour stated above

Immediate cause of death Arteriosclerosis
Coronary Occlusion
Due to Too much alcohol

Other conditions (Include pregnancy within 3 months of death) 94a

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?

While at work? ✓ (Specify type of place) (e) Means of injury ✓

23. Signature H. E. Gerwig (M.D. or other)
Address Dorning MO. Date signed.....

RECEIVED

District Health Officer No. 10

District File Number 4-44-682

Date Filed APR 6 1944

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed

Lloyd Moore

Licensed Embalmer No.

3157

P. O. Address

Downing

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.