

FILED SEP 10 1944

Registration District No. 167

Primary Registration District No. 5607

Registrar's No. 29

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

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Rural, Kingsville twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XX

3. (a) PRINT PARTHENA ELIZABETH ERVIN
FULL NAME

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Walter G. Ervin 6. (c) Age of husband or wife if alive dec'd years
7. Birth date of deceased April 28, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 3 29 hr. min.

9. Birthplace Jackson County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

MOTHER FATHER { 12. Name John Beeler Powell
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant John Ervin
(b) Address Route #1, Kingsville, Mo.

17. (a) Burial (b) Date thereof Aug 29, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Strasburg Cemetery

18. (a) Signature of funeral director Canaday and Ropp
(b) Address Holden, Missouri

19. (a) 9-2-44 (b) Kathryn S. Canaday
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27
year 1944 hour 5:30 minute A M.

21. I hereby certify that I attended the deceased from June 2, 1943 to Aug 27, 1944
that I last saw her alive on Aug 21, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to
Due to

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

Major findings: 930
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 Kelly Rawlins (M. D. or other)
Address Holden Mo Date signed 9/2/44

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 *M. J. Canaday*

Licensed Embalmer No. *3434*

P. O. Address *Baldent 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.