

UNITED STATES BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1212A  
Registrar's No. 1428

FILED APR 17 1945

Registration District No. 147

Primary Registration District No. 1002

48  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: RESEARCH HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12-DAYS  
In this community 25 YEARS  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MRS VERA E. ERMIS  
3. (b) If veteran, name war No  
3. (c) Social Security No. 499-12-5486

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced DIVORCED  
6. (b) Name of husband or wife MR. EDWARD F. ERMIS  
6. (c) Age of husband or wife if alive -55 years  
7. Birth date of deceased APRIL 5-1894  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
50 11 22 hr. min.

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

10. Usual occupation Order Clerk

11. Industry or business Missouri Valley Oil Company

12. Name Edgar Heitman

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

14. Maiden name Julia Patterson

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

16. (a) Informant MISS DOROTHY J. ERMIS

(b) Address 1301 EAST ARMOUR-LINDA VISTA APT. HOTEL

17. (a) Burial (b) Date thereof Mar. 29, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director W. H. Newcomer, Low

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 3-29-45 (b) H. Holmes  
(Date received local certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON  
(c) City or town KANSAS CITY  
LINDA VISTA APT. HOTEL  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1301 EAST ARMOUR BLVD.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 27<sup>TH</sup>  
year 1945 hour 4 minute 20 A. M.

21. I hereby certify that I attended the deceased from March 15, 1945 to March 27, 1945,  
that I last saw her alive on March 26, 1945,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Duration

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) g3 w

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Harold A. Peltz M. D. or other MD  
Address 1132 Pop. Rd. K.C. Date signed 3/28/45

1132 Professional Body  
11:30 - 5:30

**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 Emile M. Calhoun  
Licensed Embalmer No. 3506  
P. O. Address T. e. 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.**