U. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27173

FILED AUG 23 1945

Registration District No. 77 — Primary Registration District No. 5303 — Registrar's No. 173

1. PLACE OF DEATH:

(a) County: Cole

(b) City or town: RURAL--Jefferson Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R # 2 Jefferson City, Missouri (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: (Specify whether years, months or days) In this community: 75 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Cole 26

(c) City or town: Rural (If outside city or town limits, write "RURAL") 0

(d) Street No.: R.F.D.#2, Jefferson City, Mo (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country:

3. (a) PRINT FULL NAME: Herman L. Erhardt

3. (b) If veteran, name war:

3. (c) Social Security No.: none

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Annie O. Erhardt

6. (c) Age of husband or wife if alive: 75 years

7. Birth date of deceased: November (Month) 4 (Day) 1868 (Year)

8. AGE: Years 76 | Months 8 ~~87~~ | Days 29 | If less than one day ___ hr. ___ min.

9. Birthplace: Cole County, Missouri 1 (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: John Erhardt
13. Birthplace: Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name: Not Known
15. Birthplace: (City, town, or county) 3 (State or foreign country)

16. (a) Informant: Julius W. Erhardt
(b) Address: R.R.#2, Jefferson City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug-5-1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Zion Lutheran Cemetery

18. (a) Signature of funeral director: Wm. H. Gordon
(b) Address: Jefferson City, Missouri

19. (a) 8-4-45 (Date received local registrar) (b) Virginia Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3 year 1945 hour 6.00 minute A. M.

21. I hereby certify that I attended the deceased from Dead when viewed 19__; that I last saw h__ alive on 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Gunshot wound Self inflicted

Due to: Worry, grief and ill health

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: xx

Of autopsy: no autopsy

Duration

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): Suicide

(b) Date of occurrence: August 3, 1945

(c) Where did injury occur? August 3, 6:00a.m. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on farm - R#2 - Jefferson City Mo (Specify type of place)

While at work? no (e) Means of injury: Rifle

23. Signature: J. T. Leslie Coroner (M. D. or other) 3

Address: Jefferson City, Mo. Date signed 8-4-45

894

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 8-22-45

SEP 13 1945

AUG 23 1945

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 Fred P. Dulle

Licensed Embalmer No. 3890

P. O. Address Jeff City 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.