

S. No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1079
State File No. 79
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

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:
4419 Wyoming /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 49 years (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. 4419 Wyoming
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dr. EDWARD G ERVIN
3. (b) If veteran, name war no
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7th day Jan
year 1947 hour 1:15 minute P M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Elizabeth Ervin 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Aug. 17 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from DEC 1 1946, to JAN 7 1947;
that I last saw him alive on JAN 7 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death HEART FAILURE
Cor pulmonale
Duration 2-WKS
Due to PULMONARY EMPHYSEMA

8. AGE: Years Months Days If less than one day
71 4 20 hr. min.

Other conditions None
(Include pregnancy within 3 months of death)
Major findings: 95C
Of operations _____
Of autopsy _____

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

10. Usual occupation Retired Dentist

11. Industry or business _____

12. Name Alonzo Ervin

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

14. Maiden name Emily Tutthill

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

16. (a) Informant Mrs Elizabeth Ervin
(b) Address 4419 Wyoming

17. (a) Burial (b) Date thereof 1/8/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Durk and Robin Co.
(b) Address 20 West Linwood

19. (a) 1-8-47 (b) Geraldine Holme
(Date received local registrar) (Registrar's signature)

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 _____
Signature Lawrence Snider (M. D. or other) _____
Address 221 Plaza Med Bldg Date signed 1-8-47

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

48
3
8
0

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

John J. Conroy
4424

.....
Licensed Embalmer No.....

P. O. Address.....

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.