

FILED AUG 14 1947

Registration District No. 137

Primary Registration District No. 4213

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

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Montrose, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
at home in montrose
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community life years, months or days

3. (a) PRINT FULL NAME FRANK ALBERT ERHART
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased Jan 30 1877
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 17 hr. _____ min. _____
If less than one day

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

10. Usual occupation FARMER

11. Industry or business _____

MOTHER { 12. Name ALBERT ERHART
13. Birthplace Germany
(City, town, or county) (State or foreign country)
FATHER { 14. Maiden name ELIZABETH SCHAFF
15. Birthplace GERMAN TOWN, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Paul E. Erhart
(b) Address Montrose, Mo.

17. (a) BURIAL (b) Date thereof Aug 10 - 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union - S.N.O. Hosp. Cam.

18. (a) Signature of funeral director Oscar Echhoff
(b) Address Exphton City, Mo.

19. (a) 8-9-47 (b) R. P. Kerney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Henry
(c) City or town Montrose, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. at home
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7
year 1947 hour 11 minute P M.
21. I hereby certify that I attended the deceased from _____, 19____, to Aug 7, 1947;
that I last saw him alive on Aug 6, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Duration _____

Due to _____
Due to arterio-sclerosis

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

Major findings: _____
Of operations ATX
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? 0

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

23. Signature W. E. Baggerly (M. D. or other) Mo
Address Montrose, Mo Date signed 8-8-47

RECEIVED
District Health Officer No. 7,
7-47-963
District File Number
8-13-47
Date Filed

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 Oscar Polkoff

Licensed Embalmer No. 3942

P. O. Address Appleton 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. ,