No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 2 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27651

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 3599

1. PLACE OF DEATH:
(a) County: Jackson County
(b) City or town: Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 11 days (Specify whether years, months or days)
In this community: yes 11 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Kansas (b) County: Johnson
(c) City or town: Chapman – rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Ernest Detrich
3. (b) If veteran, name war: ? unknown
3. (c) Social Security No. None
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Florence Agnes Detrich
6. (c) Age of husband or wife if alive: 56 years
7. Birth date of deceased: July 17, 1887 (Month) (Day) (Year)
8. AGE: Years 60 Months 1 Days 5 If less than one day hr. min.
9. Birthplace: Chapman (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Farm
MOTHER FATHER
12. Name: William G. Detrich
13. Birthplace: Franklin Co. Penn (City, town, or county) (State or foreign country)
14. Maiden name: Laura K. Henson
15. Birthplace: Weston Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Daniel Detrick
(b) Address:
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Aug. 22, 47 (Month) (Day) (Year)
(c) Place: burial or cremation: Chapman, Kansas
18. (a) Signature of funeral director:
(b) Address:
19. (a) 8-22-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 22 year: 1947 hour: 4:10 P.M. minute: 10 A.M.
21. I hereby certify that I attended the deceased from Aug. 9, 1947 to Aug 22, 1947 and that I last saw him alive on Aug 22, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Vascular accident	6 hrs.
Due to: Chronic meylogenous leukemia	approx 3 mos.
Due to:	
Other conditions (Include pregnancy within 3 months of death): 74	

Major findings:
Of operations:
Of autopsy: Sever hemmorrhage through out body

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: A. R. Remy MD (M. D. or other) MD
Address: St. Lukes Hosp. K.C., Mo. Date signed: 8-22-47

(Licensed Embalmer's Statement on Reverse Side)

JUN 23 1951

JUN 8 1951

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 T. M. Sevisker

Licensed Embalmer No. 3505

P. O. Address K. C. Kansas

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.