S. No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8683

Registration District No. 119 Primary Registration District No. 1001 Registrar's No. 1135

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: St. Joseph Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks, 2 days (Specify whether years, months or days)
In this community 50 years

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. 6828 Chestnut
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Walter J. ERNST, Sr.
3. (b) If veteran, name war: no
3. (c) Social Security No. 493-22-9987
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Teresa Ann Ernst
6. (c) Age of husband or wife if alive: 57 years
7. Birth date of deceased: December (Month) 22 (Day), 1885 (Year)
8. AGE: Years 62 Months 2 Days 20 If less than one day hr. min.
9. Birthplace: Jersey City (City, town, or county) New Jersey (State or foreign country)
10. Usual occupation: Plumber
11. Industry or business: Foley Heating & Plbg. Co
FATHER
12. Name: Walter J. Ernst
13. Birthplace: Jersey City, (City, town, or county) New Jersey (State or foreign country)
MOTHER
14. Maiden name: Kate Eckert
15. Birthplace: Fort Wayne, (City, town, or county) Indiana (State or foreign country)
16. (a) Informant: Mrs. Teresa A. Ernst
(b) Address: 6828 Chestnut, K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Missouri
19. (a) 3-13-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 12 year 1948 hour 5 minute 40 P.M.
21. I hereby certify that I attended the deceased from Jan. 30-48, 19..., to Mar. 12, 1948; that I last saw him alive on Mar. 12, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary artery sclerosis
Cerebral anemia - hemorrhage
Due to: Sciatica - Hypertrophy of prostate
Chronic nephritis
Due to: Fecal infection Gall.

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations: 97
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? (Specify type of place)
While at work?
(e) Means of injury

23. Signature: [illegible] (M. D. ~~or other~~)
Address: 80 E. Pasco Date signed 3/13/48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Geo. H. Jones

JUL 8 1949

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 Max W. Kirkendoll, Registered Apprentice No. 86, working under my personal supervision.

Signed Glen E. Heck

Licensed Embalmer No. 4065

P. O. Address Kansas 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.