FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 19 1948

Registration District No. 180

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5381

State File No. 22701

Registrar's No. 43

1. PLACE OF DEATH:
(a) County: Dent
(b) City or town: Rural Current Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Dent 33
(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Near Montauk, Mo 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Mary Ellen Ervin

3. (b) If veteran, name war: ---

3. (c) Social Security No.: ---

4. Sex: F 1

5. Color or race: W

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

6. (b) Name of husband or wife: John Ervin

6. (c) Age of husband or wife if alive: 80 years

7. Birth date of deceased: March 1, 1870 (Month) (Day) (Year)

8. AGE: Years 78 | Months 3 | Days 20 | If less than one day ..... hr. ..... min.

9. Birthplace: Phelps County Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business .....

MOTHER FATHER

12. Name: Richard Wheat

13. Birthplace: No record 0 (City, town, or county) (State or foreign country)

14. Maiden name: Rachel Markley

15. Birthplace: No record 0 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Lester White
(b) Address: Montauk, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/23/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Patterson Cem

18. (a) Signature of funeral director: Arl R. Spencer
(b) Address: Salem, Missouri

19. (a) M. M. Hart M.D. July 9-48
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month June day 21
year 1948 hour 8:30 minute A.M. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Appendicitis	
Due to: Chronic Nephritis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: Lester Randall M.D. (M. D. or other)
Address: Licking Date signed .....

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-13-48
District Health Officer No. 5
District File Number 248457
Date Filed 7-13-48

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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, Or

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.