

No. 300
-10-47
5-17-39
5-1-3906

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

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26278**
Registrar's No. **3281**

FILED AUG 26 1948

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: **4260 Clark**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **XX** (Specify whether
In this community **Life** years, months or days)

3: (a) PRINT FULL NAME **WARREN C. ERWIN**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**
4. Sex **Ma** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Nancy A. Erwin** 6. (c) Age of husband or wife if alive **75** years
7. Birth date of deceased **June 19 1882** (Month) (Day) (Year)

8. AGE: Years **66** Months **67** Days **1** 23 If less than one day hr. min.

9. Birthplace **Westport Mo.** (City, town, or county) (State or foreign country)
10. Usual occupation **Retired Building Contractor**
11. Industry or business
12. Name **Preston Erwin**
13. Birthplace **Pa** (State or foreign country)
14. Maiden name **Fernie Bucher**
15. Birthplace **Va** (City, town, or county) (State or foreign country)
16. Informant **Mrs. Billie Reardon**
Address **4260 Clark**
(a) Burial (b) Date thereof **8-14-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. St. Mary's**
Signature of funeral director **J. W. Magner**
(b) Address **Kansas City, Mo.**
19. (a) **8-13-48** (b) **Geraldine Hebert** (Date received local registrar) (Registrar's signature)

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. **4260 Clark** (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 **12** year **1948** hour **12:00** minute **Noon** M.
21. I hereby certify that I attended the deceased from **Coronary** 19__ to __, 19__;
that I last saw him alive on __, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary sclerosis**
Due to **arteriosclerosis**
Due to

Other conditions (Include pregnancy within 3 months of death) **932**
Major findings: Of operations
Of autopsy **no**
Heart & Lungs

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) (e) Means of injury
While at work? **Yes**
23. Signature **James H. Hall** (M. D. or other)
Address **1424 N. 1st St.** Date signed **8-13-48**

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 Alvin R Haunschild

Licensed Embalmer No. 4159

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri
County of Jackson } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 26278
Local Registrar's No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 8th day of September, 1948, before me appears
Mrs. Billie Reardon, who, upon her oath, states that the original record of ~~birth~~
for Warren C. Erwin died August 12th, 1948, in the State of Missouri,
and which was filed at Kansas City on Aug. 13, 1948, should be corrected as follows:

Item No. 7 should read June 19, 1882

Instead of June 19, 1881

Item No. 8 should read 66 YEARS

Instead of 67 years

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant (Mrs) Billie Reardon, Friend
Relationship.

4260 Clark, K.C. Mo.
Present Address.

Subscribed and sworn to before me this 9th day of September, 1948.

My Commission expires January 7-1952 Myra J. Bessie Notary Public.

1948

5-26278