

FILED FEB 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4245**

BIRTH NO. _____ REG. DIST. NO. **52** PRIMARY REG. DIST. NO. **4077** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY OR TOWN Whitewater		c. CITY OR TOWN Whitewater	
d. FULL NAME OF HOSPITAL OR INSTITUTION No		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) ELLEN	b. (Middle) A.	c. (Last) ERVIN	4. DATE OF DEATH (Month) (Day) (Year) Feb. 9, 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 8, 1855	9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Hours 1	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY No	11. BIRTHPLACE (State or foreign country) Egypt Mills, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Joshua Juden	13b. MOTHER'S MAIDEN NAME Susan Littleton	14. NAME OF HUSBAND OR WIFE F. M. Ervin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Mrs. Dell Hoesa	ADDRESS Whitewater, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) weakening of heart muscle		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) A heart day party for her probably excited her DUE TO (c) Hardening of arteries.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4343	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Feb 8, 1949** to **Feb 9, 1949** that I last saw the deceased alive on **Feb 8, 1949**, and that death occurred at **8 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. J. Parvaul	23b. ADDRESS Alleenville Mo	23c. DATE SIGNED Feb 18 49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 10, 1949	24c. NAME OF CEMETERY OR CREMATORY Stroderville	24d. LOCATION (City, town, or county) (State) Whitewater, Mo.
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DATE REC'D BY LOCAL REG. Feb 18-49	REGISTRAR'S SIGNATURE D. G. Schubert	25. FUNERAL DIRECTOR'S SIGNATURE Walther's Funeral Home	ADDRESS Cape Gir. Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1696

RECEIVED

Health Officer No. 4
File Number 249-27
Date filed 2-23-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Virgil K. Kelch

Signed _____
Student Embalmer

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau

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.