

FILED MAY 5 1950

STANDARD CERTIFICATE OF DEATH

State File No. **12539**

BIRTH NO. _____		REG. DIST. NO. <b>117</b>		PRIMARY REG. DIST. NO. <b>5435</b>		Registrar's No. <b>4</b>	
1. PLACE OF DEATH a. COUNTY <b>Gasconade</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Gasconade</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Boeuf Twp</b>		c. LENGTH OF STAY (In this place) <b>7</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural-Boeuf Twp</b>		<b>0370</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1 1/2 mi. East of Swiss</b>				d. STREET ADDRESS (If rural, give location) <b>1 1/2 mi. East of Swiss</b>			
3. NAME OF DECEASED (Type or Print) <b>JACOB</b>		a. (First)		b. (Middle)		c. (Last) <b>ERNY</b>	
4. DATE OF DEATH		(Month) <b>April</b>		(Day) <b>8</b>		(Year) <b>1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>July 22, 1868</b>		9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Swiss, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>	
13a. FATHER'S NAME <b>Conrad Erny</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Schannuth</b>		14. NAME OF HUSBAND OR WIFE <b>Anna Erny</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Anna Erny, RFD Hermann, Mo</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of Bladder</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <b>181X</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
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?			
22. I hereby certify that I attended the deceased from <b>October, 1948</b> , to <b>April 8, 1950</b> , that I last saw the deceased alive on <b>April 8, 1950</b> , and that death occurred at <b>3 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>E. E. Rhodius M.D.</b>				23b. ADDRESS <b>Hermann Mo</b>		23c. DATE SIGNED <b>4/9/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-11-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Joseph Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Hermann, Mo. RFD</b>	
DATE REC'D BY LOCAL REG. <b>4/10/50</b>		REGISTRAR'S SIGNATURE <b>B. M. Munkiewicz</b>		F. FUNERAL DIRECTOR'S SIGNATURE <b>August J. Shuman</b>		ADDRESS <b>Hermann, Mo</b>	

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

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RECEIVED  
MAY 4 1950  
District Health Officer No. 9,  
District File Number

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.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*August P. Chinner*

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.