

FILED JUL 1 1950

STANDARD CERTIFICATE OF DEATH

State File No. 20180  
2672

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	
c. LENGTH OF STAY (In this place) <b>40 YEARS</b>		3558	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>COLONIAL REST HOME</b>		d. STREET ADDRESS (If rural, give location) <b>3750 WABASH AVENUE</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>EDWIN</b>	b. (Middle) <b>WILLIAM</b>	c. (Last) <b>ERHARDT</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE-14-1950</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>SEPT-8-1893</b>	9. AGE (In years last birthday) <b>56 YEARS</b>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED 9 YRS. SALESMAN</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>ALLISON DISTRIBUTORS</b>	11. BIRTHPLACE (State or foreign country) <b>GREENLEAF, KANSAS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>EDWIN ERHARDT</b>	13b. MOTHER'S MAIDEN NAME <b>ZOE ELSON</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. EDWENAH ERHARDT</b>
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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>486-05-5370</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. EDWENAH ERHARDT</b>	ADDRESS <b>3750 WABASH AVE. KANSAS CITY, MO.</b>
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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) <b>CORONARY OCCLUSION</b>		<b>1-0-57</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		<b>11/21/7</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>ALBAC CORONARY (486020505) 4428R TEASCON</b>		<b>8485</b> <b>4575</b>	

19a. DATE OF OPERATION <b>0</b>	19b. MAJOR FINDINGS OF OPERATION <b>0</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>0</b>	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) _____	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 **AUG 27, 1941**, to **JUNE 14, 1950**, that I last saw the deceased alive on **JUNE 14, 1950**, and that death occurred at **10:00 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>P.C. Quistgard</b> (Degree or title)	23b. ADDRESS <b>6241 Purpus K. Chas</b>	23c. DATE SIGNED <b>June 14 1950</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JUNE 16 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FLORAL HILLS CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>6-16-50</b>	REGISTRAR'S SIGNATURE <b>M. H. Newcomer</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D. H. Newcomer</b>	ADDRESS <b>1331 BRUSH CREEK KANSAS CITY MO.</b>
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Edward M. Storey*

Signed .....  
Student Embalmer

Licensed Embalmer No. 4452

P. O. Address R. C. 4

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.