S. No. 300
v. 10.48

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

FILED AUG 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26840

BIRTH NO. 49269-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3293

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GENERAL HOSPITAL #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY 2258
d. STREET ADDRESS (If rural, give location): 1922 East 14th Street 0

3. NAME OF DECEASED (Type or Print): a. (First) NOLA b. (Middle) DEAN c. (Last) ERVIN
4. DATE OF DEATH: (Month) JULY (Day) 5 (Year) 1950
5. SEX: FEMALE 3
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE D
8. DATE OF BIRTH: JUNE 25 1950
9. AGE (In years last birthday): If under 1 year: Months 1 Days 9; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): KANSAS CITY, MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME: Amos Ervin
13b. MOTHER'S MAIDEN NAME: CLARA DIXON
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: CLARA DIXON ERVIN ADDRESS: 1922 East 14th Street

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) FREMATURITY

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) PULMONARY ATELECTASIS

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 7 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-25- *, 19* 50 *, to* 7-5- *, 19* 50 *, that I last saw the deceased alive on* 7-5- *, 19* 50 *and that death occurred at* 6:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. Frank Davis M.D. (Degree or title) Vanta Ser, Mo
23b. ADDRESS: 600 East 22nd Street
23c. DATE SIGNED: 7-6-50

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 8-2-50
24c. NAME OF CEMETERY OR CREMATORY: Lede Cemetery
24d. LOCATION (City, town, or county) (State): KC Jackson Mo

DATE REC'D BY LOCAL REG.: 8-9-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: Wm A Lohmeyer ADDRESS: KC Mo

(Licensed Embalmer's Statement on Reverse Side)

5-48

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 Not Embalmed working under my personal supervision.

Student Embalmer No.....

Signed Wm A Lohmeyer

Signed.....
Student Embalmer

Licensed Embalmer No. 3089

P. O. Address KC 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.