

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2303**

18003

FILED MAY 21 1953 BIRTH NO. **MAY 21 1953** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Kansas City <small>Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/></small>
d. FULL NAME OF HOSPITAL OR INSTITUTION 5222 Scavitt		STREET ADDRESS (If rural, give location) 5222 Scavitt	
3. NAME OF DECEASED (Type or Print) a. (First) Sallie b. (Middle) E c. (Last) Ehrmann		4. DATE OF DEATH (Month) (Day) (Year) 5-3-53	
5. SEX F	6. COLOR OR RACE wh.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 1-27-1884
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	11. BIRTHPLACE (City and State or Foreign Country) Bardonia Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Robert A. Payne		13b. MOTHER'S MAIDEN NAME Susan M. Austin	14. NAME OF HUSBAND OR WIFE George H. Ehrmann
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 486-10-82164	17. INFORMANT'S SIGNATURE OR NAME George H. Ehrmann ADDRESS 5222 Scavitt
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <small>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</small>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinoma Vosis ANTECEDENT CAUSES DUE TO (b) Carcinoma Ascending Colon DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Chronic myocarditis. Hypertension <small>Conditions contributing to the death but not related to the disease or condition causing death</small> Cardiovascular Disease	
INTERVAL BETWEEN ONSET AND DEATH 6 mos. 1 year 153X 4 years			
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)		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 June 7, 1950 , to 5-2, 1953 , that I last saw the deceased alive on 5-2, 1953 , and that death occurred at 7:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Paul A. Kienberger (Degree or title)		23b. ADDRESS 3711 North Linden St. Mo.	
23c. DATE SIGNED 5-4-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-6-53	
24c. NAME OF CEMETERY OR CREMATORY Grave Park		24d. LOCATION (City, town, or county) (State) Bardonia Mo.	
DATE REC'D BY LOCAL REG. 5-4-53		REGISTRAR'S SIGNATURE Geraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE John P. Shiel		ADDRESS K.C. Mo.	

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

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 Edward P. Merrill, Student Embalmer No. 480 working under my personal supervision..

Student Edward P. Merrill
Signature of Student Embalmer

Signed J. Lawrence P. Shiel

Licensed Embalmer No. 362

P. O. Address K. P. M. D.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.