

FILED JAN 8 1958

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

5854

V. S. 300
Rev. 1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Kansas City TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR Kansas City TOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Pearl Nurs.Home INSTITUTION		Length of stay in 1b 60 yrs	d. STREET ADDRESS 4260 Clark (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First NANCY Middle A. Last ERWIN			4. DATE OF DEATH Month 12 Day 10 Year 57
5. SEX F	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-30-1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY XX	11. BIRTHPLACE (City and state or country) Pleasant Hill, Mo.
13a. FATHER'S NAME No Record		13b. MOTHER'S MAIDEN NAME No Record	14. NAME OF HUSBAND OR WIFE Warren C. Erwin
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. None	17. INFORMANT Address Mrs. Lillie R. Reardon, 4260 Clark
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Hypertension, essential arterial			years
DUE TO (c): Serility			33 1/2
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 1947 to Dec. 10, 57 and last saw her alive on Nov. 16, 1957 Death occurred at 4:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Esther Winkelman M.D. (Degree or title)		22b. ADDRESS 7449 Broadway K.C.Mo	22c. DATE SIGNED 12-12-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-13-57	23c. NAME OF CEMETERY OR CREMATORY Mt. St. Mary's Cem.	23d. LOCATION (City, town, or county). (State) Kansas City Mo
24. FUNERAL DIRECTOR Wagner Funeral Home. K.C. Mo		25. DATE RECD. BY LOCAL REG. 12-12-57	26. REGISTRAR'S SIGNATURE Reva Minshel

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Esther Winkelman



84 3-4435

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
Signature of Student Embalmer

Signed *Thomas W. Gahler*

Licensed Embalmer No. *4995*

P. O. Address *J.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.