

FILED DEC 10 1941  
Registration District No. 85

Primary Registration District No. 1001

State File No. \_\_\_\_\_  
Registrar's No. 1105

1. PLACE OF DEATH:  
(a) County BUCHANAN  
(b) City or town ST. JOSEPH  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: STATE HOSPITAL No. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 yr (Specify whether  
In this community 1 year years, months or days)

3. (a) PRINT FULL NAME FRANK EHLER  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. None

4. Sex M race W  
5. Color or race W  
6. (a) Single, widowed, married, divorced M /  
6. (b) Name of husband or wife No INFORMATION  
6. (c) Age of husband or wife if alive ? years  
7. Birth date of deceased Oct 15 1862  
(Month) (Day) (Year)

8. AGE: 74 Years Months 6 Days 20  
If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Jefferson City Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Stone Mason

11. Industry or business \_\_\_\_\_

12. Name Frank Ehler

13. Birthplace Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Frank

15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant State Hospital Records # 2

(b) Address St Joseph Mo

17. (a) Removal (b) Date thereof Nov 17 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City

18. (a) Signature of funeral director Raymond R. ...  
(b) Address Kansas City Mo

19. (a) Nov 17, 1941 (b) W. Hestlebach  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16  
year 1941 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from Sept 18-1941  
Nov - 16, 1941, to Nov 16, 1941;  
that I last saw him alive on Nov 16, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration \_\_\_\_\_

Due to Cerebral arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 107

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury 7

23. Signature RBT Sweeney (M. D. or other) M.D.  
Address St Joseph Mo Date signed 11-17-41

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Sharilyn Roe*.....

Licensed Embalmer No. *2810*.....

P. O. Address *Warrens City, 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.**