

FILED JAN 12 1946

Registration District No. **224**

Primary Registration District No. **3046**

Registrar's No. **22**

1. PLACE OF DEATH:

(a) County Moniteau
 (b) City or town California
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 501 Oak St. /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community lifetime
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Moniteau 68.
 (c) City or town California
 (If outside city or town limits, write "RURAL")
 (d) Street No. 501 Oak St. /
 (If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William Frank Ernst

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Emma 6. (c) Age of husband or wife if alive 69 years
Kathryn Ernst Nov. 6 1879
 7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 0 27 hr. min.

9. Birthplace Cooper Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John A. Ernst

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

14. Maiden name Mary Alder

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

16. (a) Informant Emma Ernst

(b) Address California, Mo.

17. (a) burial (b) Date thereof 12-8-1945
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedron Cemetery

18. (a) Signature of funeral director A. E. Wilson

(b) Address California, Mo.

19. (a) 12-5-45 (b) H. K. Popoy
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3
 year 1945 hour 7 minute 30 P. M.
 21. I hereby certify that I attended the deceased from May 2
1945 to Dec 3 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Stomach + Rectum
 Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy No

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 2

23. Signature H. A. Davison (M. D. or other) D.O.
 Address California Date signed 12/5/45

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

MOTHER FATHER

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-11-46

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..... A. E. Wilson.....

Licensed Embalmer No. 2351.....

P. O. Address California, Ms.....

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.