

Registration District No. 571

Primary Registration District No. 4335

Registrar's No. 63

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

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution 77 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Theodore Godfrey Ehrhardt

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jane 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Feb 18 1864 (Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 19 If less than one day hr. min.

9. Birthplace Moniteau MO (City, town, or county) (State or foreign country)

10. Usual occupation merchant & banker

11. Industry or business

12. Name John Godfrey Ehrhardt

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

14. Maiden name Helena Heyser

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

16. (a) Informant Mrs. T. R. Ehrhardt

- (b) Address California MO

17. (a) Buried (b) Date thereof 9/19/41 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Masonic Cem.

18. (a) Signature of funeral director William W. Redney

- (b) Address California MO

19. (a) 9-9-41 (b) T. R. Roper (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County Moniteau MO  
(c) City or town California MO  
(If outside city or town limits, write "RURAL")

- (d) Street No. (If rural, give location)

- (e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7 year 1941 hour 8 minute 0 M.

21. I hereby certify that I attended the deceased from Feb 1 1940 to Sept 7 1941  
that I last saw him alive on Sept 3 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Thrombosis

Due to Arterio Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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

23. Signature L. L. Latham (M. D. or other)

Address California MO Date signed 8-9-41

Duration

1 hour

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**