

No. 2
-1-4-41
i-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24318**
Registrar's No. **2857**

FILED AUG 16 1941
Registration District No. **299**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **K.C. General Hospital No. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Mo. & 9 days**
(Specify whether
In this community **0**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **048**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2917 Cherry**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **28th**
year **1941** hour **3** minutes **00** A. M.
21. I hereby certify that I attended the deceased from **6-19-41** 19 to **7-28-41** 19
that I last saw him alive on **7-28-41** 19
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive heart disease**
Due to **92A**
Due to **92A**
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy **See above**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **ERIK LARSON**
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex **Male 0** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single 0**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased **July 15th 1866**
(Month) (Day) (Year)

8. AGE: Years **75** Months **-** Days **13**
If less than one day hr. min.

9. Birthplace **Sweden 4**
(City, town, or county) (State or foreign country)

10. Usual occupation **None listed**

11. Industry or business

MOTHER FATHER { 12. Name **L. Larson**
13. Birthplace **Sweden 4**
(City, town, or county) (State or foreign country)
14. Maiden name **Erickson**
15. Birthplace **Sweden 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Record clerk**
(b) Address **K.C. Gen. Hosp. K.C. Mo.**
17. (a) **Burial** (b) Date thereof (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation **Greenlawn Cemetery**

18. (a) Signature of funeral director **W.A. Lohmeyer**
(b) Address **City mortician**
19. (a) **7-29-41** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

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 **Drury R. Horn** (M. D. or other) **10**
Address **Med. Dir. K.C. Gen. Hospital** Date signed **7-29-41**

(Licensed Embalmer's Statement on Reverse Side)

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.....

Wm A. Sommer

Licensed Embalmer No. *3089*.....

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.