

Registration District No. 149 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:
802 North Montgall
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... (Specify whether)
In this community 50 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 802 North Montgall
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry Antone Ferdinand Ericksen

3. (b) If veteran, name war No 3. (c) Social Security No. 495-03-3359

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

6. (b) Name of husband or wife Meta Ericksen 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased April 22 1885
(Month) (Day) (Year)

8. AGE: Years 57 Months 8 Days 17 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name Henry J. Ericksen

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

14. Maiden name Anna Grade

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

16. (a) Informant Mrs. Meta Ericksen

(b) Address 802 North Montgall

17. (a) Burial (b) Date thereof 1-11-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address Kansas City, Missouri

19. (a) 1-11-43 (b) M. M. Corvino
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9th
year 1943 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from April 22 1941 to Jan 9 1943
that I last saw him alive on Jan 9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 50 min

Due to Arterio sclerosis 3 years

Due to gta

Other conditions (Include pregnancy within 3 months of death)

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?

(Specify type of place) (e) Means of injury

23. Signature James Middleton (M. D. or other)
Address 124 N. Montgall Date signed 1-11-43

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

MOTHER FATHER

48
988

Dr. Middleton

UNIVERSITY OF MICHIGAN VIA 6888

8269

10 PM Monday

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 *Denzil C. Browning*
Licensed Embalmer No. 2724
P. O. Address *24 E. ...*

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.