S. No. 2
M—5-42
5-17-39
X3287

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17603

State File No.

Registration District No. 65 Primary Registration District No. 4113 Registrar's No.

1. PLACE OF DEATH:

(a) County Chariton

(b) City or town Brunswick (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton 1

(c) City or town Brunswick (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME MARVIN B. ERICKSON

3. (b) If veteran, name war

3. (c) Social Security No. 486-12-7727

4. Sex Male

5. Color or race 2 Black

6. (a) Single, widowed, married, divorced 1 Married

6. (b) Name of husband or wife Mandy Erickson

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 58 | Months | Days | If less than one day hr. min.

9. Birthplace Brunswick, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Retired Railroader

11. Industry or business Track Man

FATHER
12. Name Luther Erickson
13. Birthplace Brunswick (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mandy Erickson

(b) Address Brunswick, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5--16--1943 (Month) (Day) (Year)

(c) Place: burial or cremation Brunswick, Mo.

18. (a) Signature of funeral director L. Macisel

(b) Address Brunswick, Mo.

19. (a) May 16, 1943 (Date received local registrar) (b) A. L. Friesz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th. year 1943 hour 5 minute 0 p. M.

21. I hereby certify that I attended the deceased from May 10th, 1943 to May 11th, 1943 that I last saw him alive on May 11th, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Probably cancer of the stomach

Due to

Due to Diagnosis made from history of the case

Other conditions (Include pregnancy within 3 months of death)

Duration 6 or 7 months ?

Major findings: Of operations none

Of autopsy none

46 p

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)

While at work? (e) Means of injury 0

23. Signature Harry E. Tatum (M. D. ~~or other~~)

Address Brunswick Mo Date signed 5/13/43

1028

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 6-7-43

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 L M Meisel

Licensed Embalmer No. 823

P. O. Address Brunswick 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.