

FILED APR 6 1944  
Registration District No. 749

Primary Registration District No. 1002

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

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:  
3240 East 30th. St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
In this community 62 yrs.  
(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. 3240 East 30th. St.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME John C. Erickson

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife deceased 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Dec. 12 1857  
(Month) (Day) (Year)

8. AGE: Years 86 Months 2 Days 29 If less than one day hr. min.

9. Birthplace no record Denmark 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Currier

11. Industry or business John Nelson

MOTHER FATHER  
12. Name Carl Erickson  
13. Birthplace no record Denmark 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Marie Pedersen  
15. Birthplace no record Denmark 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Carl P. Erickson  
(b) Address 3240 East 30th. St.

17. (a) Burial (b) Date thereof 3 / 14 / 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cen.

18. (a) Signature of funeral director Gates Funeral Home

(b) Address 1901 Olathe Blvd.

19. (a) 3-13-44 (b) T. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11  
year 1944 hour 1 minute 20 P.M.

21. I hereby certify that I attended the deceased from 12-13 1943 to 3-11-1944  
that I last saw him alive on March 10 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction  
Due to Carcinoma of the Colon  
Due to Secondary Cancer

Duration 3 mos

7 mos

Other conditions Secondary Cancer  
(Include pregnancy within 3 months of death)

Major findings: Of operations none  
Of autopsy 462

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Don Carlisle (M. D. or other) \_\_\_\_\_  
Address 1500 Prof Bldg Date signed 3-13-44

Dr. Peete Proj Bldg  
VI 1145

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.