DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1944

Registration District No. 2[illegible]

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15231

Primary Registration District No. 4326

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Olean
(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 ____ (Specify whether
In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller 66

(c) City or town Olean 8
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? ____ (Yes or No) 0

If yes, name country ____

3. (a) PRINT FULL NAME Mary S. Erickson

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex Female

5. Color or race White /

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

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

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Sept. (Month) 24 (Day) 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	6	23	____ hr. ____ min.

9. Birthplace Moniteau County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business ____

FATHER
12. Name Philip Reichart
13. Birthplace ____ (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Justina Litzke
15. Birthplace ____ (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Grant Erickson

(b) Address Olean, Missouri

17. (a) Burial (Burial, cremation, or removal) /1 (b) Date thereof 4-19-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

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

(b) Address Eldon, Missouri

19. (a) 4-19-44 (Date received local registrar) (b) W S Spearman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1944 hour 10 minute 35 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1944 to Apr 17, 1944; that I last saw her alive on Apr 16, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration 3 days

Due to Dislocation of hip joint and arteriosclerosis — 9 days 2 yrs

Due to Chronic Interstitial nephritis — yrs

Other conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____ 186a

Of autopsy ____ 18

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) Dislocation of hip

(b) Date of occurrence Apr 8 066

(c) Where did injury occur? Home (City or town) Miller (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home
(Specify type of place)

While at work? ____ (e) Means of injury fell on floor

23. Signature E C Shelton (M. D. or other) 0

Address Eldon Mo Date signed 4-19-44

1114

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number 44-47
Date Filed 5-3-44

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 Louis D. Phillips, Registered Apprentice No. working under my personal supervision.

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.