No. 2
-1-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1945

Registration District No. 224

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3046

State File No. 41654

Registrar's No. 224

1. PLACE OF DEATH:

(a) County MONITEAU

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

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

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County MILLER

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

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

(e) Citizen of foreign country? (Yes or No) N
If yes, name country

3. (a) PRINT FULL NAME GRANT ERICKSON

3. (b) If veteran, name war No

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race W

6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife

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

7. Birth date of deceased MAY (Month) (Day) 1864 (Year)

8. AGE: Years 80 | Months | Days | If less than one day hr. min.

9. Birthplace LATHAM (City, town, or county) MO. U (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business

FATHER 12. Name CHARLES ERICKSON

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

MOTHER 14. Maiden name MARTHA DUTCHER

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

16. (a) Informant FRED HILL

(b) Address LATHAM, MO

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 12-29-44 (Month) (Day) (Year)

(c) Place: burial or cremation UNION CEMETERY

18. (a) Signature of funeral director L. D. Williams

(b) Address Tipton, Mo

19. (a) 12-29-44 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29 day Dec year 1944 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 24 1944 to Dec 29 1944 that I last saw him alive on Dec 29 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Fracture of left femur	3 days
Due to Accidental fall	
Due to	
Other conditions (Include pregnancy within 3 months of death) Hypostatic pneumonia	3 days

Major findings:
Of operations NV
Of autopsy NO

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) Accident fall

(b) Date of occurrence Dec 23-44

(c) Where did injury occur? Olean Mo. (City or town) (County) (State)

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

While at work? (e) Means of injury

23. Signature L. L. Latham (M. D.)

Address California Mo Date signed 12-29-44

1312

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 1-4-45

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 wit the above constitutes grounds for revocation of license.)

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