

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5143

FILED FEB 17 1945
799

Registration District No.

Primary Registration District No.

1002

Registrar's No.

653

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:
ST. JOSEPH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4-DAYS
(Specify whether
In this community 37 yrs
years, months or days)

3. (a) PRINT FULL NAME MISS EMMY ERIKSSON

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

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

8. AGE: Years 70 Months Days If less than one day hr. min.

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

10. Usual occupation MASSUSE

11. Industry or business

12. Name ERIKSSON

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

14. Maiden name

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

16. (a) Informant MR. WILLIAM R. MOORE

(b) Address LATHROP BLDG.

17. (a) CREMATION (b) Date thereof FEB-10-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D.W. NEWCOMER'S SONS

18. (a) Signature of funeral director D.W. Newcomer

(b) Address 1401 BRUSH CREEK BLYD.

19. (a) 2-9-45 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

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. 116-EAST-34TH STREET TERRACE
(If rural, give location)
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country SWEDEN

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 7TH
year 1945 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from Pathologist
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma of the breast

Acute fibrinous pericarditis

Due to Coronary atherosclerosis

Other conditions Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 50

Of autopsy as above

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 0

23. Signature Emmy Eriksson (M. D. or other)

Address Pathologist Date signed _____

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

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. 4043

P. O. Address. N. C. 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.