

1. PLACE OF DEATH:
 (a) County JACKSON
 (b) City or town HICKMAN MILLS
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
103rd & BLUE RIDGE ROAD
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days) 60 YEARS

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County JACKSON 48
 (c) City or town HICKMAN MILLS
 (If outside city or town limits, write "RURAL")
 (d) Street No. 103rd & BLUE RIDGE RD.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) ^{Mrs.} FULL NAME MARY JANE ERISMAN
 (b) If veteran, name war NO 3. (c) Social Security No. NOIVE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month APRIL day 17th
 year 1946 hour 6 minute 40 P. M.
 21. I hereby certify that I attended the deceased from 4-15-46
 _____, 19____, to 4-17-46 19____;
 that I last saw her alive on 4-17-46 19____;
 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife MR. ROBERT ERISMAN 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased JULY 15 1873
 (Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 2da
Hypertension 6 Mo.

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>7</u>	<u>2</u>	hr. _____ min. _____

Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace LYNN COUNTY MISSOURI
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy g m
 Underline the cause to which death should be charged statistically.

10. Usual occupation _____
 11. Industry or business AT HOME

MOTHER FATHER
 12. Name JOHN MANSELL
 13. Birthplace NASHVILLE TENNESSEE
 (City, town, or county) (State or foreign country)
 14. Maiden name ANNA LUSH
 15. Birthplace WARSAW MISSOURI
 (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Phyllis Erisman 4044 E 70th
 (b) Address KE MO

17. (a) BURIAL (b) Date thereof APR 20 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation FOREST HILL CEMETERY

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature R. L. Hodges (M.D. or other)
 Address Raytown Mo 64481 (City or town) (State)

18. (a) Signature of funeral director W. H. Newcomer's Son
 (b) Address 1401 BRUSH CREEK BLVD.
 19. (a) Apr 22-46 (b) R. L. Hodges
 (Date received local registrar) (Registrar's signature)

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

*Register Missouri
2:36-5
Register Missouri
Bureau of Health*

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 *Melvin Miller*
Licensed Embalmer No. *4407*
P. O. Address *Kansas City, 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.