

FILED SEP 14 1946

Registration District No. 18

Primary Registration District No. 4165

Registrar's No. 89

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

1. PLACE OF DEATH:
 (a) County Daviess
 (b) City or town Gallatin
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home of Bert Morgan /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 Weeks
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME Minnie May Erickson
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female 5. Color or Race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Charles Erickson
 6. (c) Age of husband or wife if alive: 64 years
 7. Birth date of deceased: November 30 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>8</u>	<u>12</u>	hr. min.

9. Birthplace: Daviess County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Own Home

MOTHER FATHER {
 12. Name Daniel E. Morgan
 13. Birthplace Daviess County Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Nannie Stowe
 15. Birthplace Unknown North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Erickson
 (b) Address Jameson, Missouri

17. (a) Burial (b) Date thereof: 8-16-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Scotland Cemetery

18. (a) Signature of funeral director Hope Funeral Home
 (b) Address Gallatin, Missouri

19. (a) Aug 30-46 (b) Virginia M. Engelhart
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Daviess 31
 (c) City or town "Rural" Grand River Twp.
(If outside city or town limits, write "RURAL")
 (d) Street No. ---
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No?)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12
 year 1946 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from May 1946 to Aug 1946
 that I last saw her alive on 14 Aug 1946
 and that death occurred on the date and hour stated above

Immediate cause of death: Metastatic Carcinoma of Bronchus & Cervical Glands
 Due to metastasis

Due to Primary Carcinoma of Bladder

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

Major findings:
 Of operations 478
 Of autopsy 478

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?

23. Signature Virginia M. Engelhart (M. D. or other) _____
 Address Gallatin, Mo Date signed 20 Aug 46

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 L. O. Richardson

Licensed Embalmer No. 3302

P. O. Address Hallsville, 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.