S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 4 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34455

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 4427

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: 3608 Jefferson Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community: 2 Years, 3 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Kansas (b) County: Allen 999
(c) City or town: Elsmore 14
(If outside city or town limits, write "RURAL")
(d) Street No. 380 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MRS. AMANDA ERICSON
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Joseph Ericson
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: March (Month) 28th. (Day) 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
79	6	24	..... hr. ..... min.

9. Birthplace: Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation: At Home
11. Industry or business
FATHER
12. Name: Nels Olson
13. Birthplace: Sweden 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Anna Mattson
15. Birthplace: Sweden 4
(City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Juanita Evans
(b) Address: 3608 Jefferson Street
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 10 - 23 - 47 (Month) (Day) (Year)
(c) Place: burial or cremation: Savonburg, Kansas
18. (a) Signature of funeral director: Freeman Mortuary & Chapel
(b) Address: 104 West 42nd. St. Kansas City, Mo.
19. (a) 10-23-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22nd.
year 1947 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from Jan 7 1946, to Oct 22 1947
that I last saw her alive on Oct 22 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Pneumonia	2 days
Due to: Cerebral Hemorrhage	1 year
Due to: Hypertension	6 or 8 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 0 30
Of autopsy: no

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: J. W. Graveholz M.D. (M. D. or other)
Address: 1527 Broadway K.C. Mo. Date signed: 10/23-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Elmer C Medelin

Licensed Embalmer No. 3495

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.