

S. No. 2
M-1/47
v. 5-17-39

Registration District No. 1949

Primary Registration District No. 1002

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

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: 3757 WAYNE AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

In this community 11 YEARS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3757 WAYNE AVENUE 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country: -----

3. (a) PRINT FULL NAME PAUL RUSSELL ERICKSON

3. (b) If veteran, name war No

3. (c) Social Security No. 486-01-0499

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. SARAH ERICKSON

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased JULY - 21 - 1907
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>4</u>	<u>26</u>hr.min.

9. Birthplace CALIFORNIA - MISSOURI 0
(City, town, or county) (State or foreign country)

10. Usual occupation BARBER.

11. Industry or business PL'S BARBERSHOP.

12. Name JAMES ALEXANDER ERICKSON

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

14. Maiden name MONA LULIA COBB

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

16. (a) Informant Mrs. Mona L Martin

(b) Address 3933 Woodland 16 NW

17. (a) Burial (b) Date thereof 12-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director D. W. Neumann, Jr.

(b) Address 1401 BROUGH CREEK 1340

19. (a) 12-19-47 (b) Arnaldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 17th
year 1947 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug 17 to Dec 17 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis sudden
Essential hypertension 2 yr

Due to.....

Due to.....

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

Major findings:
Of operations all 0

Of autopsy.....

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.....

23. Signature [Signature] (M. D. or other) MD
Address 1018 Canyon Blvd Date signed 12/18/47

1014 August 1949
9-12

JAN 7 1948

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 W. H. Nofsinger

Licensed Embalmer No. 3938

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.