

S. No. 300  
M-10-47  
Rev. 5-17-39  
I 3906

1559

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 26 1948

5586

11

Registration District No. ....

Primary Registration District No. ....

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town "Rural" Marion

(c) Name of hospital or institution: Carthage Route #3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town "Rural" Carthage  
(If outside city or town limits, write "RURAL")

(d) Street No. Route #3  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME George Orr ERICKSTEN

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased May 18, 1880  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>7</u>	<u>23</u>	hr. min.

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

10. Usual occupation Had been shoe salesman.

11. Industry or business \_\_\_\_\_

12. Name Andrew Ericksten

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

14. Maiden name Jane Repitoca

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

16. (a) Informant Mrs. James F. Williams

(b) Address Route #3 Carthage, Mo.

17. (a) Burial (b) Date thereof 1-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Goss Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Mo.

19. (a) 1-13-48 (b) L.B. Clinton, Jr.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11th.  
year 1948 hour 2:25 minute P. M.

21. I hereby certify that I attended the deceased from Jan 9 1948, to Jan 11 1948.  
that I last saw him alive on Jan 11 1948.  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic interstitial Duration 1 yr

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none

Of autopsy none

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature George H. Wood (M. D. or other) \_\_\_\_\_

Address Carthage Mo Date signed Jan 12 48

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

Hand 000

48-1-21

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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 \_\_\_\_\_

*Marion Y. McCormick*  
Marion Y. McCormick

Registered Apprentice No. 17

working under my personal supervision.

Signed \_\_\_\_\_

*Gene C. Pugh*  
Gene C. Pugh

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.**