

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4227

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>40 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>2211 East 34th Street 3510</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMILY</u>		b. (Middle) <u>V.</u>		c. (Last) <u>ERICKSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 26 52</u>	
5. SEX <u>Fe</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH (last birthday) (Month) (Day) (Year) <u>4-19-1890 62</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret'd Embroider</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Kodak Co</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Chapman, Kansas /</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Peter J. Erickson</u>			13b. MOTHER'S MAIDEN NAME <u>Anna M. Olson</u>			14. NAME OF HUSBAND OR WIFE <u>XX</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No XX</u>		16. SOCIAL SECURITY NO. <u>487-03-8566</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Elsie Trum, 3734 Prospect KC Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uremia + lobar pneumonia, acute</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myxoedema + nephrosclerosis</u> <u>coronary artery sclerosis.</u> DUE TO (c) <u>arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>pericardial effusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>490 1/2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug 20th 1952</u> to <u>Sept 26th 1952</u> , that I last saw the deceased alive on <u>Sept 25th 1952</u> , and that death occurred at <u>5:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. N. Gillum</u> (Degree or title)				23b. ADDRESS <u>WDDO 2926 - E 17th</u>		23c. DATE SIGNED <u>9/27/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removals</u>		24b. DATE <u>9-28-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Swedish Mission Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Enterprise, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>9-27-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmer</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. W. Wagner. K C Mo</u>		

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

*Orthopedic Hospital
11th & Harrison
K.C. - 1444*

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Alvin R. Harnscheidt*

Licensed Embalmer No. *H/159*

P. O. Address *K. C. 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.