

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34964

State File No. 4711
Registrar's No. 4511

FILED NOV 8 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>SOYEARS</u>		d. STREET ADDRESS (If rural, give location) <u>4527 HOLLY STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4527 HOLLY STREET</u>		d. STREET ADDRESS (If rural, give location) <u>4527 HOLLY STREET</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>ERICKSON</u> c. (Last) <u>ERICKSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCTOBER 25 1952</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 26 1869</u>		9. AGE (In years last birthday) <u>83</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 MRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TAILOR</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>VARMLAND SWEDEN</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>AARON ERICKSON</u>		13b. MOTHER'S MAIDEN NAME <u>MARIE JOHNSON</u>		14. NAME OF HUSBAND OR WIFE <u>HILDA ERICKSON</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>490-16-2470A</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. HILDA ERICKSON 4527 HOLLY ST. KANSAS CITY, MO.</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis - myocardial infarction</u>		DUE TO (b) <u>Generalized Arteriosclerosis</u>				<u>6 mos.</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Thrombosis Left Popliteal Artery</u>				<u>2 days</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Broncho-pneumonia</u>				<u>4 days</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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) _____		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 Jan, 1952, to October, 1952, that I last saw the deceased alive on Oct 25, 1952, and that death occurred at 3:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Carl H. Brust</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>106 W 14th St N.E. Mo</u>		23c. DATE SIGNED <u>Oct 26 52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT. 28, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>10-28-52</u>		REGISTRAR'S SIGNATURE <u>Gerardine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.H. Newcomer Sons 1331 BROWN CREEK KANSAS CITY, MO.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

8:00 p.m. Sunday
3001 Maryland Ave

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 Robert Ray

Licensed Embalmer No. 4182

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.