

FILED APR 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8625
1356

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 70 YEARS	c. CITY OR TOWN KANSAS CITY
d. FULL NAME OF HOSPITAL OR INSTITUTION 2614 CYPRESS		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 211 2614 CYPRESS		3348	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) ERICKSON c. (Last) ERICKSON			4. DATE OF DEATH (Month) (Day) (Year) MARCH 25 1954		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH May 6, 1865	9. AGE (In years last birthday) 88	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED DOORMAN
10b. KIND OF BUSINESS OR INDUSTRY NEST CO. MAIL ORDER			11. BIRTHPLACE (City and State or Foreign Country) SWEDEN		12. COUNTRY OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ERICK ERICKSON	13b. MOTHER'S MAIDEN NAME SARAH SIGFRIDSON	14. NAME OF HUSBAND OR WIFE JOHANNAH ERICKSON
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 497-26-8288	17. INFORMANT'S SIGNATURE OR NAME Mrs. JOHANNAH ERICKSON	ADDRESS 2614 CYPRESS K.M.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 1 hour	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocardial Degeneration 24 yrs DUE TO (c) Chronic Nephritis (glomerular)			3 yrs
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			592X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from 3-4, 1954, to 3-25, 1954, that I last saw the deceased alive on 3-25, 1954, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE Wm. W. Thompson (Degree or title)	23b. ADDRESS P.O. # 6718 Prospect	23c. DATE SIGNED 3-26-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MARCH 27, 1954	24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 3-26-54	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. H. Newcomer, Inc., Kansas City, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed.....
Charles W. Beatty

Licensed Embalmer No. *4937*

P. O. Address *16 10 72*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.