

FILED FEB 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1207
248

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) 63 YEARS	c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSPITAL		STREET ADDRESS (If rural, give location) 4722 OAK STREET	

3. NAME OF DECEASED (Type or Print) a. (First) ERIC b. (Middle) LARSON c. (Last) LARSON		4. DATE OF DEATH (Month) (Day) (Year) JANUARY 16 1955	
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1867 DEC-26-1877	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months Days	IF UNDER 14 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FOREMAN	10b. KIND OF BUSINESS OR INDUSTRY K.C. WATERDEPT.	11. BIRTHPLACE (City and State or Foreign Country) SWEDEN	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME ERIC LARSON	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE MRS. MARGARET LARSON
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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. 486-36-9144	17. INFORMANT'S SIGNATURE OR NAME MRS. MARGARET LARSON ADDRESS 4722 OAK ST. KANSAS CITY, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Pulmonary Edema + Empty Stomach (b) Anterior disease (c) _____ DUE TO (b) _____ DUE TO (c) _____		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 45 min
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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)
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, and that death occurred at 2:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE Jake H. Hill (Degree or title) D	23b. ADDRESS M. P. 3001 Wyandott St. K.C. Mo. 129m 55	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN. 19. 1955	24c. NAME OF CEMETERY OR CREMATORY ELMWOOD CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 1-19-55	REGISTRAR'S SIGNATURE neva minshall	25. FUNERAL DIRECTOR'S SIGNATURE O.W. Neocome's Sons ADDRESS 1331 BRUSH CREEK KANSAS CITY, Mo.
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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 *Basil V. Honey*.....

Licensed Embalmer No. *472*.....

P. O. Address *F.C., 1*.....

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.