S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1078

Registration District No. 799 Primary Registration District No. 1002 Registrar's No. 203

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days (Specify whether years, months or days)

In this community 43 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No.: 3911 Campbell Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: JOHN ERIC ERICSON

3. (b) If veteran, name war: No

3. (c) Social Security No.: 486-10-0528

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mrs. Leona Ericson

6. (c) Age of husband or wife if alive: 63 years

7. Birth date of deceased: April (Month) 11th. (Day) 1884 (Year)

8. AGE: Years 62 Months 9 Days 5 If less than one day hr. min.

9. Birthplace: Nonkoping (City, town, or county) Sweden (State or foreign country)

10. Usual occupation: Door Man

11. Industry or business: Kansas City Star

FATHER
12. Name: Jacob Ericson
13. Birthplace: Sweden (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Matilda Carlson
15. Birthplace: Sweden (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Leona Ericson
(b) Address: 3911 Campbell Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1 - 18 - 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: Freeman Mortuary & Chapel
(b) Address: 104 West 42nd. St. Kansas City, Mo.

19. (a) 1-16-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16th. year 1947 hour minute M.

21. I hereby certify that I attended the deceased from Sept 1946 to Jan 16 1947; that I last saw him alive on Jan 16 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac failure	1 Day
Due to: Carcinoma of Trachea	
Cirrhosis of Metastasis to Lung	3 years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: Autopsy	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: John T. Sherman (M. D. or other) MD

Address: 110 S Broadway Date signed: 1-16-47

(Licensed Embalmer's Statement on Reverse Side) JC.CMO

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Walter H. Erwin

Licensed Embalmer No. 4352

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.