

FILED SEP 16 1947

Registration District No. **149**

Primary Registration District No. **1003**

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

**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: **P.C. OSTEOPATHIC HOSPITAL**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **13 DAYS**  
(Specify whether years, months or days)  
 In this community **25 YEARS**

**3. (a) PRINT FULL NAME** **ELIZABETH VIDAR ERICSSON**  
 (b) If veteran, name war **NO**  
 (c) Social Security No. **none**

4. Sex **FEMALE** 5. Color or race **WHITE**  
 6. (a) Single, widowed, married, divorced **MARRIED**  
 (b) Name of husband or wife **ERIC ERICSSON**  
 (c) Age of husband or wife if alive **39** years  
 7. Birth date of deceased **MARCH 18 - 1901**  
(Month) (Day) (Year)

**8. AGE:** Years **46** Months **5** Days **12**  
If less than one day hr. min.

**9. Birthplace** **CARTHAGE, MISSOURI**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **HOUSE WIFE**

**11. Industry or business** **AT HOME**

**MOTHER FATHER**  
 { **12. Name** **ANDREW N. LUDY**  
 { **13. Birthplace** **EMPORIA KANSAS**  
(City, town, or county) (State or foreign country)  
 { **14. Maiden name** **NOTLEY ANN CLAYTON**  
 { **15. Birthplace** **RUSHVILLE MISSOURI**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **ERIC ERICSSON**  
 (b) Address **1512 EWING**

**17. (a)** **BURIAL** **(b) Date thereof** **9-2-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **FOREST HILL CEM.**

**18. (a) Signature of funeral director** **DUTAWAY & SONS**  
 (b) Address **1401 BRUSH CREEK BLVD.**

**19. (a)** **9-2-47** **(b) Sheldine Holmes**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **MISSOURI** (b) County **JACKSON** **48**  
 (c) City or town **KANSAS CITY** **3**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **1512 EWING** **8**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** **0**  
(Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **August** day **30**  
 year **1947** hour **07** minute **05** P.M.

**21. I hereby certify that I attended the deceased from** **August 18** 1947, to **August 30** 1947,  
 that I last saw her alive on **August 30** 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis with myocardial degeneration**  
 Due to **hypertension**  
 Due to \_\_\_\_\_

Other conditions **Chronic nephritis**  
(Include pregnancy within 3 months of death)

**Major findings:**  
 Of operations \_\_\_\_\_  
 Of autopsy **131a**

Duration \_\_\_\_\_  
 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?

**23. Signature** **Joseph Yarn** **(M.D. or other)**  
 Address **426 341 1/2 P.C. HWY** Date signed **9/30/47**  
(Specify type of place) (c) Means of injury

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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

*John E. Fraking*, Registered Apprentice No. *504*  
working under my personal supervision.

Signed

*E. Oscar Anthony*

Licensed Embalmer No.

*1767*

P. O. Address

*Kansas City*

**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.**