

FILED OCT 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30977

30977

391

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 5569		Registrar's No. 391	
1. PLACE OF DEATH a. COUNTY JACKSON (Bankings)				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 RURAL		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 9604 EAST-65TH STREET				STREET ADDRESS (If rural, give location) 9604 EAST-65TH STREET			
3. NAME OF DECEASED (Type or Print) a. (First) OLAF ALFRED LEO b. (Middle) ERICKSON c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) SEPT. 30. 1954				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JAN. 16 - 1889	
9. AGE (In years last birthday) 65		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAILOR		10b. KIND OF BUSINESS OR INDUSTRY WOOLF BROTHERS		11. BIRTHPLACE (City and State or Foreign Country) COPENHAGEN, DENMARK	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME ALFRED ERICKSON		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE MRS. HILDA SUSANNA ERICKSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 472-07-6129A		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS LEO J. ERICKSON 9604 EAST-65TH ST. HICKMAN MILLS, MO.			
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Death by Drowning ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E974 X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE (Specify) HOMICIDE Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) COUNTY STATE Kansas City Jackson MO 700		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) 9-30-54	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Slung himself					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Hugh H. Newman, Coroner				23b. ADDRESS 1034 Pinalto Blvd		23c. DATE SIGNED 10-1-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT 4 - 1954		24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 10-4-54		REGISTRAR'S SIGNATURE James G. Gal		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS O.K. Newcomer Sons 1331 BRUSH CREEK KANSAS CITY, MO.			

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

OCT 15 1931

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 *Albert L. Savage*.....

Licensed Embalmer No. *481*

P. O. Address *Kansas*

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.