

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18627**

FILED JUN 16 1955

2292

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Johnson					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 25 Days		c. CITY OR TOWN Prairie Village		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 Research Hospital				STREET ADDRESS (If rural, give location) 4815 West 69th Terrace 815⁰ 9					
3. NAME OF DECEASED (Type or Print)		a. (First) FRED		b. (Middle) E.		c. (Last) ERICSON			
4. DATE OF DEATH		(Month) May		(Day) 25,		(Year) 1955			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 26, 1914		9. AGE (In years last birthday) 40			
IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice President		10b. KIND OF BUSINESS OR INDUSTRY K.C. Rug Co.		13a. FATHER'S NAME Carl J. Ericson		13b. MOTHER'S MAIDEN NAME Beda M. Gustafson			
14. NAME OF HUSBAND OR WIFE Martha J. Ericson.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes World War II		16. SOCIAL SECURITY NO. 487-34-3789		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Martha J. Ericson, 4815 W. 69th Terrace			
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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Kidney				ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____				1 yr.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				180 ⁺	
19a. DATE OF OPERATION Aug. '54		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Kidney				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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)		21f. HOW DID INJURY OCCUR?			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
22. I hereby certify that I attended the deceased from Aug 25, 1954 , to May 25, 1955 , that I last saw the deceased alive on May 25, 1955 and that death occurred at 6:45 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE Fred E. Ericson (Degree or title)				23b. ADDRESS 1700 Angyle Bldg. - K.C., Mo.		23c. DATE SIGNED 5-27-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-28-55		24c. NAME OF CEMETERY OR CREMATORY Floral Hills		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.			
DATE REC'D BY LOCAL REG. 5-27-55		REGISTRAR'S SIGNATURE Neomi Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Freeman Mortuary, Kansas City, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

RES. 2020 W. 86 TERR.
EN.-6998

AFTER 12:30 P.M.
FRIDAY AT OFFICE

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 *Max H. Kirkendall,*

Licensed Embalmer No. *46*

P. O. Address *S. C., T.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.