Male White Married Jan. 3, 1885 70 10 18 10a. USUAL OCCUPATION (Olivekind of work) dome during most of working life, even if restrict) Retired Minister 10b. KIND OF BUSINESS OR INDUSTRY Arkansas 11. BIRTHPLACE (City and State or Foreign Country) COUNTRY? Arkansas 14. NAME of HUSBAND'OR WIFE DUSTRY Arkansas 14. NAME of HUSBAND'OR WIFE DUSTRY? Bernadine (unknown) Oma Erickson Monett, Mo. NO. Mrs. Oma Erickson Monett, Mo. Medical Certification (unknown) Oma Erickson Monett, Mo.	******
a. COUNTY Barry b. CITY (If cutations corporate limits, write RURAL and give township) STAY (in this piace) TOWN Rural, Kings Prairie) 45 Yrs, and this piace of TOWN Rural, Kings Prairie) 5TAY (in this piace) TOWN Rural, Kings Prairie) 45 Yrs, and this piace of TOWN Rural, Monett d. FILL NAME OF III not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTIONMONELL Six Miles S.E. 3. NAME OF III not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTIONMONELL Six Miles S.E. 3. NAME OF III not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTIONMONELL Six Miles S.E. 3. NAME OF III not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTIONMONELL Six Miles S.E. 3. NAME OF III not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTIONMONELL Six Miles S.E. 4. DATE (Month) (Day) (Year DECEASED OR Print) SHERMAN HARRISON. ERICKSON: 5. SEX (16. COLOR OR RACE OR MARRIED, MARRI	
b. CITY (If outside corporate limits, write BURAL and give township) STAY (is this place) OR OR TOWN RURal, Kings Prairie 45 Yrs. d. FULL NAME OF CI not in heapttal or institution, give street address or location) HOSPITAL OR INSTITUTIONMONE t Six Miles S.E. 3. NAME OF CI not in heapttal or institution, give street address or location) INSTITUTIONMONE t Six Miles S.E. 3. NAME OF CI not in heapttal or institution, give street address or location) INSTITUTIONMONE t Six Miles S.E. 3. NAME OF CI not in heapttal or institution, give street address or location) INSTITUTIONMONE t Six Miles S.E. 3. NAME OF CI not in heapttal or institution, give street address or location) INSTITUTIONMONE t Six Miles S.E. 3. NAME OF CI not in heapttal or institution, give street address or location) INSTITUTIONMONE t Six Miles S.E. 3. NAME OF CI not in heapttal or institution, give street address or location) INSTITUTIONMONE t Six Miles S.E. 3. NAME OF CI not in heapttal or institution, give street address or location) INSTITUTIONMONE t Six Miles S.E. 3. NAME OF PORTIN (Month) (Day) (Year Office) INSTITUTIONMONE t Six Miles S.E. 4. DATE (Month) (Day) (Year Office) INSTITUTIONMONE t Six Miles S.E. INSTITUTION RURL T Six Miles S.E. INDICATE (City and State or Foreign Country) INSTITUTION RULL T Six Miles S.E. INSTITUTION RULL T Six Miles S.E. INDICATE (City and State or Foreign Country) INSTITUTION RULL T Six	
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d. FULL NAME OF (If not in hompital or institution, give street address or location) HOSPITAL OR Six Miles S, E, Monett, Mo. 3. NAME OF a. (First) b. (Middle) c. (Last) (Type or Print) SHERMAN HARRISON. 5. SEX () 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married Married Jan. 3, 1885 70 btds) Male White Married Married Jan. 3, 1885 Monett Married Ma	
Comparison Com	0 0
Comparison Com	_
5. SEX (16. COLOR OR RACE WIDOWED, DIVORCED (Sepectify Married) (S	,
Augusta Erickson Bernadine (unknown) Oma Erickson See No. Was Deceased ever in u.s. armed forces? (Yes. no. or unknown) (If yes. give war or dates of service) NO. Was Oma Erickson Monett, Mo. Mrs. Oma Erickson Monett, Mo. MEDICAL CERTIFICATION MEDICAL CERTIFICATION In Directly Leading to Death* (a) They bright of Control o	HOES.
Augusta Erickson Bernadine (unknown) Oma Erickson See Second Sec	Cin.
Augusta Erickson Bernadine (unknown) Oma Erickson See Second Sec	HAT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Mrs. Oma Erickson Monett, Mo. Mrs. Oma Erickson Monett, Mo. 18. CAUSE OF DEATH Rater only one cause per line for (a), (b), and (c) DIRECTLY LEADING TO DEATH*(a) They bright of the control of th	_
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no. or unknown) (If yes. pire war or dates of service) NO 16. SOCIAL SECURITY NO. Mrs. Oma Erickson Monett, Mo. Mrs. Oma Erickson Monett, Mo. INTERPOLATION OR SECURITY NO. INTERPOLATION OF THE CONTRACT OF THE CONTR	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (e) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) II. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) III. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(b) III. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(c) III. DISEASE OR CONDITION DIRECTLY LEAD	<u>=</u>
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line for (a), (b), and (c) DIRECTLY LEADING TO DEATH (a) Thrust replice A clust Sellines of C/VS	EN
This does not mean ANTECEDENT CAUSES	_
U II.	
the mode of sying, such Morbid conditions, if any, giving DUE 10 (6) A sheart fallure, authenia, a steep to the above cause (a) stating etc. It means the distance the underlying cause last.	
U and to the company of the DUE TO (c)	
tion which coused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition cousing death.	
related to the disease or condition couring death.	
Complete Complete Conditions contributing to the death but not related to the disease or condition cousing death. 19a. Date of operation 19b. Major findings of operation 20. Autopsy? Yes No.	П
ar together Less estactions Les corrections and together	ᆜ
21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., eac.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?	_
21d. TIME (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED 21f, HOW DID INJURY OCCUR? WHILEAT NOT WHILE	
INJURY	
22. I hereby certify that I attended the deceased from 2-/0, 19-3, to//-1/-5, 19_, that I last saw the deceded alive on//-2/-5, 19_, and that death occurred at //-30/m., from the causes and on the date stated above. 23c. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGN	sed
alive on //-1/-55, 19, and that death occurred at //.30 m., from the causes and on the date stated above.	
Z3c. SIGNATAGE (Degree or title) Z3b. ADDRESS Z3c. DATE SIGN	
	_
24a. BURIAL CREMA: 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) (State Burial 11/25/55 Bethel Barry County, Mo.)
	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE COSE 5 3 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MAN P. N. C. S. L. Suchanan Month Mis	r .
(Licensed Embalmer's Statement on Reverse Side)	==

THE DIVISION OF HEALTH OF MISSOURI

DATE REC. 11-28-55

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

working under my personal supervision.

Student Signature of Student Embalmer

working under my personal supervision..

Dec 1 3 1889

Licensed Embalmer No. 3/

P. O. Address.

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