

No. 2
1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41654

FILED JAN 5 1945
224
Registration District No.

3046
Primary Registration District No.

State File No.

Registrar's No. 224

1. PLACE OF DEATH:
(a) County MONITEAU
(b) City or town CALIFORNIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
LATHAM HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County MILLER
(c) City or town OLEAN MO
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GRANT ERICKSON
3. (b) If veteran, name war NO
3. (c) Social Security No. NO

4. Sex MALE 5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MAY 1864
(Month) (Day) (Year)

8. AGE: Years 80 Months _____ Days _____
If less than one day _____ hr. _____ min.

9. Birthplace LATHAM MD.
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business _____

12. Name CHARLES ERICKSON

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name MARTHA DUTCHER

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant FRED HILL

(b) Address LATHAM, MD

17. (a) REMOVAL (b) Date thereof 12-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation UNION CEMETERY

18. (a) Signature of funeral director D. Phillips

(b) Address California, Mo

19. (a) 12-29-44 (b) J. J. Allen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29, day Dec
year 1944 hour 1 minute 30 M.
21. I hereby certify that I attended the deceased from Dec 24
1944 to Dec 29 1944
that I last saw him alive on Dec 29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of left femur
Due to Accidental fall
Due to _____

Duration 3 days

Other conditions Hypostatic pneumonia
(Include pregnancy within 6 months of death) 3 days

Major findings:
Of operations _____
Of autopsy 1864

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) accident fall
(b) Date of occurrence Dec 23-44
(c) Where did injury occur: Olean Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
His home.

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature L. L. Latham (M. D. certificate)
Address California, Mo Date signed 12-29-44

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

MOTHER FATHER

1312

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-4-45

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.....

Louis D. Phillips, Registered Apprentice No.....
working under my personal supervision.

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Edson

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.