

FILED MAY 13 1944
Registration District No. 277

Primary Registration District No. 4376

State File No. _____
Registrar's No. 24

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Olean
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller 66

(c) City or town Olean 3
(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 Mary S. Erickson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Grant Erickson 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Sept. 24 1868
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1944 hour 10 minute 35 P.M.

21. I hereby certify that I attended the deceased from Jan 1 1944 to Apr 17 1944
that I last saw him alive on Apr 16 1944
and that death occurred on the date and hour stated above.

Immediate cause of death uremia

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>6</u>	<u>23</u>	hr. _____ min. _____

Due to Dislocation of hip joint and arteriosclerosis 9 days

Due to Chronic interstitial nephritis yrs

Other conditions _____ (Include pregnancy within 3 months of death)

9. Birthplace Moniteau County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

PHYSICIAN _____

Major findings: Of operations 186a

Of autopsy 18

Underline the cause to which death should be charged statistically.

MOTHER, FATHER {

12. Name Philip Reichart

13. Birthplace _____ (City, town, or county) (State or foreign country) Germany 4

14. Maiden name Justina Litzke

15. Birthplace _____ (City, town, or county) (State or foreign country) Germany 4

16. (a) Informant Grant Erickson

(b) Address Olean, Missouri

17. (a) Burial (b) Date thereof 4-19-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Phillips Funeral Home

(b) Address Eldon, Missouri

19. (a) 4-19-44 (b) J. S. Spaurman
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) dislocation of hip

(b) Date of occurrence Apr 8 1944

(c) Where did injury occur? Home Miller Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in home

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

23. Signature E. C. Shelton (M. D. or other) _____

Address Eldon Mo Date signed 4-19-44

RECEIVED

Miller County Health Dept.

County File Number 44-47

Date Filed 5-3-44

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 Eldon.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.