WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

37044

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 4691
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. Lakeside Hospital St. Ward)

2. FULL NAME Evelyn Mae Lorentzen
(a) Residence. No. Carthage Mo St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 3, 1914

7. AGE: 14 YEARS — MONTHS: 6 — DAYS: 17 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Student
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nebraska

PARENTS
10. NAME OF FATHER: Walter Lorentzen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Denmark
12. MAIDEN NAME OF MOTHER: Edna Norby
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Nebraska

14. INFORMANT: Walter Lorentzen
(Address): Carthage Mo

15. FILED 11/22, 1928 M. McGowan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): November 20 1928

17. I HEREBY CERTIFY, That I attended deceased from November 8, 1928, to November 20, 1928, that I last saw h.e.b. alive on Nov. 20, 1928, and that death occurred, on the date stated above, at 0-18 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Myocarditis (duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY): Chronic Nephritis (duration) 3 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) L. A. Marty, M. D
11/22, 1928 (Address) 815 McGee

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Carthage Mo — DATE OF BURIAL: 11/23 1928

20. UNDERTAKER: The Taylor Funeral Home — ADDRESS: K6 Mo

Richardson