

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

Do not use this space.

1439

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. 4127 Bell St.)

File No. 23
Registered No. 23
St. Ward

2. FULL NAME

Marten Berntsen

(a) Residence. No. 4127 Bell St. 7 Ward. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 11, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 1 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired. Formerly
(b) General nature of industry, business, or establishment in which employed (or employer) an employee of the
(c) Name of employer City Water Department

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Denmark

10. NAME OF FATHER Henrich Berntsen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Denmark

12. MAIDEN NAME OF MOTHER Mary Jensen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Denmark

14.

INFORMANT Grace Berntsen
(Address) 4127 Bell St.

15.

FILED 1/4 39 M.M. Omer
19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jany. 3, 1929

17. I HEREBY CERTIFY, That I attended deceased from July 1927, to Jan. 3, 1929, that I last saw him alive on Jan. 1, 1929, and that death occurred, on the date stated above, at 4:55 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Causes of the
stroke
H.B.
44 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

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) W.L. Ray, M.D.

1-4-29 (Address) 321 Altman Bldg

*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

DATE OF BURIAL

Forest Hill Cemetery Jan 5, 1929

20. UNDERTAKER

ADDRESS

Stone & McClure 8235 Hillman

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—THIS IS A PERMANENT RECORD

109

260

24

24

24

PARENTS

3-10-18
B. 10-18

10-18-18