WHITE PLANET, 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.

AV 21 1936

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

Do not use this space.

15048

1. PLACE OF DEATH

County JACKSON — Registration District No. 398 — File No.

Township — Primary Registration District No. 3019 — Registered No. 167

City INDEPENDENCE (No. 200 SOUTH WILLIS St. Ward)

2. FULL NAME MRS. KAREN KIRSTINE CARSTENSEN

(a) Residence, No. 200 SOUTH WILLIS St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 58 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6 - 23 - 1853

7. AGE: YEARS 82 — MONTHS 9 — DAYS 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ASKEBY, MOEN, DENMARK

FATHER

13. NAME LARS P. LARSEN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ASKEBY, MOEN, DENMARK

MOTHER

15. MAIDEN NAME KAREN MARIE HANSEN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PRAESTBJAERG, MOEN, DENMARK

17. INFORMANT MISS EVA CARSTENSEN (ADDRESS) 200 SOUTH WILLIS, INDEP. MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE HOLDEN, MISSOURI DATE 4-23-1936, 19

19. UNDERTAKER STAHL'S FUNERAL HOME (ADDRESS) 815 WEST MAPLE AVE., INDEP. MO.

20. FILED 4-25-1936 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 21 - 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/1, 1936, to 4/21, 1936

I last saw her alive on 4/21, 19.... Death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Chronic Nephritis	
" Myocarditis	
" Arthritis	

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Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature], M. D.

(Address) 10307 Indep Ave KC MO