

JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 82

File No. 44712

Township Marion

Primary Registration District No. 5-123

Registered No. 10

City (No. 9 Miles S.E. of St. Joseph, Mo.) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Hans Peter Jensen

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Buchanan County

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 14 yrs. - mos. - ds. How long in U.S., if of foreign birth? 50 yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 8, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1937, to Dec 8, 1937

I last saw him alive on Dec 8, 1937. Death is said to have occurred on the date stated above, at 10:30 P.M.

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

Acute Myocarditis Date of onset Dec 1, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

69 5 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (month and year) Dec. 1937 11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roskilde Denmark

13. NAME Yens P Jensen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Denmark

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Denmark

17. INFORMANT Anna Marie Jensen (ADDRESS) Easton, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn Cemt. St. Joseph, Mo. DATE Dec. 10, 1937

19. UNDERTAKER H. O. Sidenfaden and Son (ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED 1/10 1938 D. F. Bigkane, M.D. Registrar.

Other contributory causes of importance: 108  
Pleuracy and Darcy Infection

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? blinual Was there an autopsy? no

28. 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) John G. Swails, M. D.  
(Address) Wetmore, Kansas

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.

*RMD*

110

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

44712  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 82  
(b) Township Marion Primary Registration District No. 5123 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Hans Peter Jensen

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m  
(write the word)  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
69 5- 8  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as 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) \_\_\_\_\_

FATHER 13. NAME \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

MOTHER 15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19 \_\_\_\_\_

19. FUNERAL DIRECTOR (ADDRESS) \_\_\_\_\_

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

acute myocarditis  
lobar pneumonia  
Date of onset Dec 28 1937

Other contributory causes of importance:

pleurisy secondary infection

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? 108 Was there an autopsy? \_\_\_\_\_

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) John G. Swails, M. D.  
(Address) Wethers Kansas

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

