

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

DEC'D AUG 8 1938

24123

Do not use this space.

1. PLACE OF DEATH

(a) County **Jackson**

Registration District No.

(b) Township **Kaw**

Primary Registration District No.

(c) City **Kansas City**

(d) Street No. **719**

E. 48th St.

Registered No. **2628**

(e) Length of residence in city or town where death occurred

ys. mos. ds.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Hans P. Lauritsen

(a) Residence, No. **719 E. 48th st.**

St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

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 **Myrtle Lauritsen**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 25, 1863**

7. AGE

YEARS **75**

MONTHS **1**

DAYS **4**

IF LESS than 1 day, ... hrs. or min.

OCCUPATION

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

Conductor

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

Railroad

10. Date deceased last worked at this occupation (month and year) **Retired 2 years**

11. Total time (years) spent in this occupation **40**

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

Denmark

FATHER

13. NAME

Peter Lauritsen

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

Denmark

MOTHER

15. MAIDEN NAME

Mary Petersen

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

Denmark

17. INFORMANT (ADDRESS)

Mrs Myrtle Lauritsen

719 E. 48th St. K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL

Brookfield Mo.

DATE

7-1

19. FUNERAL DIRECTOR (NAME) **Bentley Mortuary.**

(ADDRESS) **5811 Troost Ave. K.C. Mo.**

20. FILED

July 13, 38

M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 29, 1938**

22. I HEREBY CERTIFY, That I attended deceased from

June 20, 1938, to June 29, 1938

I last saw him alive on **June 29, 1938**. Death is said

to have occurred on the date stated above, at **8:55 AM**

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

(1) **Acute Dilatation Heart**
 (2) **Acute " Acute**
 (3) **" Myocarditis**

Date of onset
6/20/38

Other contributory causes of importance:

(1) **Chronic Myocarditis**
 (2) **" Atherosclerosis**

Name of operation

Date of

What test confirmed diagnosis? **Phys Exam** 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? **No**

If so, specify

(Signed)

J. E. Aubrey
M. D.
(Address) **816 E. Broadway Blvd.**

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.

Dr. Aubrey Armour and Campbell Logan 6953

8/6/60 E. A.

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 _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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

If this body is not embalmed, above space should be left blank.