

USA 1939

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

3333
Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway Registration District No. 620
(b) Township Jefferson Primary Registration District No. 5822 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 Carrie Mary Jensen

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE J 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew Jensen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1857
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 81 11 2
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Moen, Denmark

FATHER 13. NAME James Petersen

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Alec Jensen
Conception, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Swinford, Cem/ DATE Jan. 19, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Price Funeral Home
Maryville, Mo.

20. FILED Jan. 20, 1939 J. M. Boyles
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-17, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-16, 1939, to 1-17, 1939
I last saw her alive on 1-16, 1939. Death is said to have occurred on the date stated above, at 2:30 pm.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia
myocarditis

Date of onset

Other contributory causes of importance:

Name of operation none Date of _____
What test confirmed diagnosis? Clinical 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) J. M. Boyles M. D.
(Address) Conception, Mo.

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.

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,

John W. Price

or by

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

Signed

John W. Price

Licensed Embalmer No. *3229*

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.