

WRITE PLAINLY, 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.

REC'D JUN 10 1939

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

21274
Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON 2 Registration District No. 399

(b) Township RAW 1 Primary Registration District No. 1002

(c) City KANSAS CITY (d) Street No. 510 WALLACE St.

(e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MRS KAREN MARIE PETERSEN

(a) Residence, No. 510 WALLACE 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 FEMALE 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 HANS PETERSEN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH-3-1878

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>61</u>	<u>3</u>	<u>19</u>	

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) DENMARK

FATHER

13. NAME ESKILD JENSEN

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

MOTHER

15. MAIDEN NAME JAENSINA NEILSEN

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

17. INFORMANT MR HANS PETERSEN
(ADDRESS) 510 WALLACE

18. BURIAL, CREMATION, OR REMOVAL PLACE MT WASHINGTON DATE JUNE-26-1939

19. FUNERAL DIRECTOR (NAME) D.W. NEWCOMER'S SONS
(ADDRESS) 1401 BRUSH CREEK BLVD.

20. FILED 6-23-39 Milligan
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE-22-1939

22. I HEREBY CERTIFY, That I attended deceased from Dr to June 22, 1939

I last saw h. Dr alive on June 22, 1939 Death is said to have occurred on the date stated above, at 11:40 P.M.

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

Mitral insufficiency

Date of onset 1938

Other contributory causes of importance: acute Bacteritis From June 22 1939 food. (N.M.O)

Name of operation None Date of _____

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

23. If death was due to external causes (violence), fill in also the following: not

Accident, suicide, or homicide? no 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? not

If so, specify _____

(Signed) R. Catterall M. D.

(Address) 6045 East 15th St Kansas City Mo

6047
2-5
6047 East 95th Street

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 E. M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC Mo

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.