REC'D SEP 6 1939

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

28321
Do not use this space.

1. PLACE OF DEATH
(a) County JACKSON 2 Registration District No. 399
(b) Township KAW Primary Registration District No. 1002 Registered No. 3323
(c) City KANSAS CITY 1 (d) Street No. 2515 - EAST - 72 ND 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 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 652 MR. JOHN SORENSEN
(a) Residence, No. 2515 EAST - 72 ND 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~~ MRS. AGNES THYR SORENSEN
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY-2-1886
7. AGE YEARS 53 MONTHS 3 DAYS 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. GROCER
9. Industry or business in which work was done, as saw mill, bank, etc. 72 ND & PROSPECT
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 16

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

FATHER
13. NAME L. SORENSEN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DENMARK

MOTHER
15. MAIDEN NAME ANNA BECK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DENMARK

17. INFORMANT (ADDRESS) MRS. AGNES THYR SORENSEN 2515 EAST - 72 ND STREET
18. BURIAL, CREMATION, OR REMOVAL PLACE MT. MORIAH DATE AUGUST-24, 1939
19. FUNERAL DIRECTOR (NAME) D. W. NEWCOMER'S SONS (ADDRESS) 1401 - BRUSH CREEK BLVD
20. FILED 8-22-39 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST-20, 1939
22. I HEREBY CERTIFY, That I attended deceased from AUG. 20, 1935, to AUG. 20, 1939
I last saw him alive on AUG. 20, 1939. Death is said to have occurred on the date stated above, at 11:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
CORONARY OCCLUSION	AUG. 20 39
9460	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) [signature], M. D.
(Address) 6944 Prospect K.C.

(Licensed Embalmer's Statement on Reverse Side)

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, ...

....., or by .....,

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

Signed E. M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. C. 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.