

2
3-40
7-39
X23159

Registration District No. **625** Primary Registration District No. **2031**

1. PLACE OF DEATH:
(a) County **Nodaway**
(b) City or town **Maryville**
(c) Name of hospital or institution: **1324 N. Mulberry**
(d) Length of stay: In hospital or institution _____
In this community _____

3. (a) PRINT FULL NAME **Andrew Julius Jenson 525**
(b) If veteran, name war _____ (c) Social Security No. **none**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married **married**
6. (b) Name of husband or wife **Bena** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Dec. 25 1852**

8. AGE: Years **87** Months **7** Days **6** If less than one day _____ hr. _____ min.

9. Birthplace **Denmark 7**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business **7**

12. Name **Soren Jenson 7**
13. Birthplace **Denmark 7**
14. Maiden name **Joanna Larson**
15. Birthplace **Denmark**

16. (a) Informant **Josephine Jenson**
(b) Address **Maryville Mo**

17. (a) **Wilcox, Mo.** (b) Date thereof **Aug. 1st 1940**
(Place of burial or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director **Prue Funeral Home**
(b) Address **Maryville Mo**

19. (a) **8-1-1940** (b) **Mamie E. Clardy**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Nodaway**
(c) City or town **Maryville**
(d) Street No. **1324 N. Mulberry**
(e) If foreign born, how long in U. S. A.? _____ years

20. DATE OF DEATH: Month **July** day **31** year **1940** hour **3** minute **-** A. M.

21. I hereby certify that I attended the deceased from **Feb 10**, 19**40** to **July 29**, 19**40**
that I last saw him alive on **July 29**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Failure** Duration **3 mo**

Due to **general Arteriosclerosis with heart**

Due to _____

Other conditions **A. J. H.**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
556
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **J. A. Blomer** (M. D. or other) _____
Address **Maryville, Mo.** Date signed **8/1/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

Clay M. Price

Licensed Embalmer No. *1822*

P. O. Address *Marionville, 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, fact should be so stated above.