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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **35132**

NOV 15 1940 213  
Registration District No. **213**

Primary Registration District No. **3014**

Registrar's No. **280**

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

1. PLACE OF DEATH:

(a) County **Cole**  
(b) City or town **Jefferson City, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Central Hotel**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2**  
(Specify whether years, months or days)  
In this community **4 years.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cole**  
(c) City or town **Jefferson City,**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Central Hotel**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Walter Jansen**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **Unknown.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Catherine Jansen** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **August 16, 1874**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>66</b>	<b>2</b>	<b>10</b>	hr. _____ min.

9. Birthplace **Carlinville, Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Supt. Shoe Factory**

11. Industry or business **Shoe Manf.**

MOTHER FATHER

12. Name **Unknown**

13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Dorothy Jansen**

(b) Address **St. Louis, Missouri**

17. (a) **Burial** (b) Date thereof **Oct. 29, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Jefferson City, Mo.**

18. (a) Signature of funeral director **John F. Hennrich**  
(b) Address **Jefferson City, Mo.**

19. (a) **11-1-40** (b) **R. Beafal M.D.**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **26**  
year **1940** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **October 9**  
**1940** to **October 25**, **1940**;  
that I last saw him alive on **October 25**, **1940**;  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
**Coronary Heart Disease**  
**(Occlusion)**

Due to **Coronary Sclerosis**

Other conditions **Pulmonary Tuberculosis**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **Quinscent**

Of autopsy **44%**

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature **W. K. Kambo** (M. D. or other)  
Address **Jefferson City, Mo.** Date signed **10-26-40**

**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 John J. Hancock  
Licensed Embalmer No. 3655

P. O. Address Jefferson City, 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.**