No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41569

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4962

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

1. PLACE OF DEATH: 2

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3224 East 12th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 25yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits write "RURAL")

(d) Street No. 3224 East 12th Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 76 years.

3. (a) PRINT FULL NAME Charles E. Christiansen

3. (b) If veteran, name war World War

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Jeanette Nelson

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased Sept (Month) 14 (Day) 1862 (Year)

8. AGE: Years 78 Months 3 Days 13 If less than one day hr. min.

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

10. Usual occupation Librarian 7

11. Industry or business U.S. Government 7

FATHER
12. Name John Christiansen
13. Birthplace (City, town, or county) Denmark (State or foreign country)

MOTHER
14. Maiden name Mary Elizabeth
15. Birthplace (City, town, or county) Denmark (State or foreign country)

16. (a) Informant Jeanette Nelson
(b) Address 3224 East 12 th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/40 (Month) (Day) (Year)
(c) Place: burial or cremation Wadsworth, Kansas

18. (a) Signature of funeral director Gates Funeral Home
(b) Address Kansas City Kansas

19. (a) 12-29-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27th
year 1940 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec. 11" 1940, to Dec. 27" 1940
that I last saw him alive on Dec. 27" 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Failure of heart

Due to acute exacerbation of Chronic Myocarditis. 43

Due to

Other conditions Marked Senile Changes.
(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation
Of autopsy No Autopsy

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Edw. L. Mize, M.D. (M. D. or other)
Address 1121 Grand Ave. K.C. Mo Date signed 12/28/40

(Licensed Embalmer's Statement on Reverse Side)

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 L. Ross Blanford

Licensed Embalmer No. 4015

P. O. Address 4148 State Line

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.