

10-39

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43141

State File No. _____

JAN 20 1941 1032
Registration District No. _____

Primary Registration District No. 5716

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Rural - Ten Mile Trip
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days 2

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Macon
(c) City or town Clarence R.R. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME "No Name" Jensen

8. (b) If veteran, name war None 8. (c) Social Security No. None

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 17 1940
(Month) (Day) (Year)

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

9. Birthplace Macon Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Paul V. Jensen

13. Birthplace Rosshill Mo
(City, town, or county) (State or foreign country)

14. Maiden name Anna Ruth

15. Birthplace Macon Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Jensen

(b) Address Clarence Mo

17. (a) Burial (b) Date thereof 12-21-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director Hamilton Ludlow

(b) Address Clarence, Mo

19. (a) 122340 (b) Deeta Herstein
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from Dec 17
_____ 1940 to Dec 20 1940
that I last saw her alive on Dec 19 1940, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity (7 months gestation)

Due to Eclampsia of mother

Due to _____

Other conditions (Include pregnancy within 3 months of death) 54

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? 476
While at work? _____ (Specify type of place) (e) Means of Injury _____

23. Signature D. L. Hulan (M. D. or other) MO
Address Clarence Mo Date signed Dec 20 1940

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 1-41-125-

Date Filed JAN 16 1941

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.....

Licensed Embalmer No.....

P. O. Address.....

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.