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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2178

Registration District No. 156 Primary Registration District No. 5220 Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Rural (Peculiar Twp) (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. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass

(c) City or town Rural (Peculiar Twp) (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 Margaret Mary Christensen

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced 2 widow

6. (b) Name of husband or wife Simon Christensen

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

7. Birth date of deceased April (Month) 26 (Day) 1858 (Year)

8. AGE: Years 82 Months 9 Days 5 If less than one day ✓ hr. min.

9. Birthplace Haustedt (City, town, or county) 4 Denmark (State or foreign country)

10. Usual occupation Home Maker

11. Industry or business

FATHER
12. Name Asmos Leage ~~Bogard~~
13. Birthplace (City, town, or county) 4 Denmark (State or foreign country)

MOTHER
14. Maiden name Margaret Marie Bogard
15. Birthplace (City, town, or county) 4 Denmark (State or foreign country)

16. (a) Informant Albert Christensen

(b) Address Harrisonville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Pitts Chapel

18. (a) Signature of funeral director RUNNENBURGER'S

(b) Address HARRISONVILLE, MO.

19. (a) Feb 4, 1941 (Date received local registrar) (b) Eckensley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31st year 1941 hour 11 ~~minute~~ A. M.

21. I hereby certify that I attended the deceased from 1938, 19, to about 2 mo. ago, 1940; that I last saw her alive on about 2 mo. ago, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death ~~[illegible]~~ Senility, infirmities of old age

Due to found Dead in bed

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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? 845 (Specify type of place)

While at work? (e) Means of injury

23. Signature Eckensley (M. D. or other) D

Address Harrisonville Date signed Feb. 4, 1941

Or [illegible]

(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 Ernest Runnenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville Pa

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

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