

FILED SEP 30 1941

Registration District No. 276

Primary Registration District No. 5899

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Jerome
(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 Phelps
(c) City or town Jerome
(d) Street No. _____
(e) If foreign born, how long in U. S. A.? dont know years.

8. (a) PRINT FULL NAME Jens Jorgan Christenson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Amelia C. Christenson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Apr 20 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 4 19 _____ hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business X

MOTHER FATHER { 12. Name Jens Christeson
13. Birthplace Jutland Denmark
14. Maiden name Maria (unknown)
15. Birthplace Denmark

16. (a) Informant Mrs Jessie Hosier
(b) Address Ely Nevada

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rolla Cem

18. (a) Signature of funeral director Null & Son
(b) Address Rolla Mo

19. (a) Aug 16 1941 (b) See Johnson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9
year 1941 hour 7 minute AM

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide Gun shot in forehead Duration _____

Due to Ill health

Due to Old age

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

Major findings: Head horribly mangled
Of operations from Gun shot wound
Of autopsy _____

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) Suicide
(b) Date of occurrence August 1941
(c) Where did injury occur? Jerome Phelps Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In a few feet of Home

While at work? no (Specify type of place) (e) Means of injury Shot Gun

23. Signature R. S. Null (M. D. or other) Coroner
Address Aug 9 Rolla Mo Date signed 1941

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

81
00

RECEIVED

District Health Officer No. 5,

District File Number 8811914

Date Filed _____

Date Filed _____

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 _____

S. B. [Signature]

Licensed Embalmer No. 33299

P. O. Address Reed 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, above space should be left blank.