

West Peculiar Twp. **FILED FEB 8 1942** **STANDARD CERTIFICATE OF DEATH**

State File No. _____

Registration District No. 162

Primary Registration District No. 5227

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Cass Mo. Peculiar
(b) City or town Peculiar
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution L
(Specify whether _____)

In this community _____
years, months or days

8. (a) PRINT FULL NAME Bessie J Jensen

8. (b) If veteran, name war _____ 8. (c) Social Security No. L

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

6. (b) Name of husband or wife Samuel Jensen 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Feb 7 - 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>11</u>	<u>3</u>	<u>L</u> hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER

12. Name Thomas Jefferson Johnson

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

14. Maiden name Margaret Lupp

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

16. (a) Informant B. J. Jensen
(b) Address R. 27 Peculiar Mo.

17. (a) Funeral (b) Date thereof Jan 12 - 1942
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Wills Cemetery

18. (a) Signature of funeral director RUNNENBURGER'S
(b) Address HARRISONVILLE, MO

19. (a) Jan 12-42 (b) Margaret Tolson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass

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

(d) Street No. 3 mi. N. E. Peculiar Mo
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 1942 hour 4 minute 34 M.

21. I hereby certify that I attended the deceased from March 1
1940 to Jan 2 1942

that I last saw her alive on Jan 2 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic fibrotic nephrosis
Duration ?

Due to _____

Due to arteriosclerosis

Other conditions Cerebral hemorrhage 1940
(Include pregnancy within 3 months of death)

Major findings: Nephrotic
Of operations _____

Of autopsy 1/3/a
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) (e) Means of injury _____

23. Signature Master V. Robbins (M. D. or other) M.D.

Address Peculiar, Mo Date signed 1/12/42

19
0
0

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

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 R. Kammhuber

Licensed Embalmer No.

3368

P. O. Address

Harrisonville 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.