13451

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 1666

1. PLACE OF DEATH:

(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~~: Trinity Lutheran Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 1 Day (Specify whether In this community 1 Day years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson

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

(d) Street No. R.R. # 3, Olathe (If rural give location)

no: Naturalized Citizen U.S. In U.S. 28 years

(e) Citizen of foreign country? ~~Yes~~ (Yes or No)

If yes, name country Denmark

3. (a) PRINT FULL NAME Mr. Jens Hilmar Meulengracht

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Oliva Meulengracht

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July (Month) 20 (Day) 1877 (Year)

8. AGE: Years 64 | Months 9 | Days 6 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer & Foreign Buyer

11. Industry or business Hall - Baker Grain Company

FATHER

12. Name ~~John Harboe~~ HARBO GROTUM Meulengracht

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

MOTHER

14. Maiden name Helene Marie Plessner

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

Corrected by affidavit 6/24/42 M.B. Weisser

16. (a) Informant Paul Wm Meulengracht

(b) Address 5522 Tahoe Lane Ks.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Apr. 28, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director O. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 4-28-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th year 1942 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from Dec 14, 1942 to Apr 26, 1942 that I last saw him alive on Apr 26, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	3 Days
Due to Hypertension	10 yrs.
Due to 83	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy Cerebral hemorrhage

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 D

23. Signature Lawrence E. Hood (M. D. or other) M.D.

Address 221 Plaza Medical Bldg. Date signed Apr 27 1942

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(Licensed Embalmer's Statement on Reverse Side)

JUN 17 1942

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 C. Harvey Prince

Licensed Embalmer No. 40-70

P. O. Address KCM

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

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson

State File No.
Local Registrar's No. 1666

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 22nd day of June, 1942, before me appears Mrs. Oliva Meulengracht, who, upon her oath, states that the original record of ~~birth~~ death for Mr. Jens Hilmar Meulengracht who died ~~born~~ April 26, 1942, in the State of Missouri, and which was filed at Kansas City, Missouri on April 28 1942, should be corrected as follows:

Item No. 2(e) should read No: Naturalized Citizen United States, In U.S. 28 Years
Instead of Yes

Item No. 12 should read Harboe Grotum Meulengracht
Instead of John Harboe Meulengracht

Item No. 14 should read Helene Marie ~~Plessner~~ Plesner
Instead of ~~Plessner~~ Plessner

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant x Oliva Meulengracht wife
Relationship.

R 3 Olathe, Kansas
Present Address.

Subscribed and sworn to before me this 23rd day of June, 1942

My Commission expires [illegible] April 27, 1945

W. M. Lynn Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
25M-1-15-42
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