

Registration District No. 668

Primary Registration District No. 3032

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 720 East 13th. St.
(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 Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 720 East 13th. St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Caroline Jens

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 Married /
(b) Name of husband or wife Christ F. Jens 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 17 1867 (Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 9 If less than one day hr. min.

9. Birthplace Wauwatosa / Wis. (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Holtz
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Sophia Seedorf
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant C.F. Jens

(b) Address Sedalia, Mo.
17. (a) Burial (b) Date thereof 4/28/42 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address Sedalia, Mo.

19. (a) 4/28/42 (b) Christanna Bieger (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1942 hour 2 15 minute P M.

21. I hereby certify that I attended the deceased from April 15 1942 to April 26 1942
that I last saw h. alive on April 26 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio. Nephritic
Due to _____
Due to _____

Other conditions Large Colloid Goiter
(Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None
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) No
(b) Date of occurrence No
(c) Where did injury occur? No (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

(Specify type of place) (c) Means of injury _____
While at work _____
23. Signature J. B. Ouellette M.D. (M. D. or other) 4-28-42
Address Sedalia Mo. Date signed 4-28-42

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

80
6
4

1022

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 5-18-42

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 L. E. Bouldin

Licensed Embalmer No. 3867

P. O. Address Sedalia, 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, fact should be so stated above.