

FILED DEC 31 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4800

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:
2936 Euclid /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 9 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2936 Euclid
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Denmark

3. (a) PRINT FULL NAME Anna Gertrude Jacobsen

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

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

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

7. Birth date of deceased July 16 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 6 If less than one day..... hr. min.

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

10. Usual occupation Housework

11. Industry or business.....

MOTHER FATHER

12. Name Jacob Jensen

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

14. Maiden name No record

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

16. (a) Informant Mrs. Ruth Sogi

(b) Address 2936 Euclid

17. (a) Burial (b) Date thereof 12-24-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City, Missouri

19. (a) 12-24-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22 year 1942 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from June 1942 to Dec 22 1942
that I last saw him alive on Dec 22 1942
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Cor valvular des

Due to..... 92.5

Due to.....

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

Major findings: Of operations.....

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).....
(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?.....

While at work?..... (Specify type of place) (c) Means of injury.....

23. Signature H. C. ... (M. D. or other) MP
Address 1022 Argyle Date signed 12/24/42

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

Dr. H.C. Rippe
Areyle
Ha 3454

2-5 pm

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 *Renzil C. Browning*

Licensed Embalmer No. *2724*

P. O. Address *R. C. 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.