S. No. 2
DM—5-42
v. 5-17-39
FILED JAN 30 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1159

State File No. 349

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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

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: 3325 Wabash /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community 48 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson,
(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No. 3325 Wabash
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Mrs. Marinus Elisa Janssen,

3. (b) If veteran, name war no.

3. (c) Social Security No. 490-16-3151

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Maud Janssen

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

7. Birth date of deceased August (Month) 12 (Day) 1860 (Year)

8. AGE: Years 82 Months 5 Days 9 If less than one day hr. min.

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

10. Usual occupation Retired,

11. Industry or business x

FATHER
12. Name Unknown,
13. Birthplace Holland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown,
15. Birthplace Holland, (City, town, or county) (State or foreign country)

16. (a) Informant Geertrui Janssen,
(b) Address 3325 Wabash, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington,

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-23-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21st, year 1943 hour 10:14 minute A. M.

21. I hereby certify that I attended the deceased from Jan 16, 1943, to Jan 21, 1943 that I last saw him alive on Jan 21, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Degeneration	6 months
Due to: Cerebral thrombosis	3 years
Due to: Arteriosclerosis	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature John K. Caldwell (M. D. or other) MD
Address 636 Argyle Kansas City, Mo Date signed 1/22/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. John Caldwell, Argyle Bldg.,
Fri p.m.

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 .....

Licensed Embalmer No. 14/5

P. O. Address .....

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.