

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5864

State File No.

Registration District No. 2

Primary Registration District No. 1000

Registrar's No. 149

FILED FEB 23 1943

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

1. PLACE OF DEATH:

(a) County DUSHANAN

(b) City or town ST. JOSEPH MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
MO. METH. D
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 8 DA
(Specify whether)

In this community 1
years, months or days

3. (a) PRINT FULL NAME HANS JERGIN LUND

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex MALE 5. Color or race W

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

6. (b) Name of husband or wife DORETHA LUND

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased SEPT. 17 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 4 14 hr. min.

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

10. Usual occupation FARMER

11. Industry or business GEN. FARMING

12. Name UNKNOWN

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

14. Maiden name " " 9

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

16. (a) Informant DORETHA LUND

(b) Address OSBORN, MO.

17. (a) REMOVAL (b) Date thereof 2/4-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OSBORN MO

18. (a) Signature of funeral director HENRY J. FURBER

(b) Address 1145 S. WALKER MO

19. (a) 2-4-43 (b) Paul Jorgensen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County DEARBORN

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

(d) Street No.
(If rural, give location)

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

If yes, name country. 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2-2- 43
year. hour. minute 9 PM. M.

21. I hereby certify that I attended the deceased from 1-27-43
19. to 2-1-43 19.

that I last saw him alive on 2-1-43 19.

and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema

Due to Carcinoma of intestines

Due to Intestinal obstruction

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

Major findings of operations Obstruction of ILE

Of autopsy same

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?

(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 Paul Jorgensen (M.D. or other)

Address St Joseph MO Date signed 2-2-43

1233

(Licensed Embalmer's Statement on Reverse Side)

JUN 24 1947

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 *[Signature]*
Licensed Embalmer No. 3960
P. O. Address *Mayfield 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.