

Registration District No. 2941
LED JUN 10 1943

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Proberly
(c) Name of hospital or institution: 1029 S. Williams St.
(d) Length of stay: In hospital or institution None
In this community 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Proberly
(d) Street No. 1029 S. Williams
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME NIELS G. JENSEN

3. (b) If veteran, name war None 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 Cecil Jensen 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased June - 19 - 1860

8. AGE: Years 82 Months 10 Days 14 If less than one day .hr. min.

9. Birthplace Nestved Denmark

10. Usual occupation Pattern Maker

11. Industry or business

12. Name Jensen Carlsen
13. Birthplace Denmark
14. Maiden name Johanna Unknown
15. Birthplace Denmark

16. (a) Informant Mrs. John P. Hansen
(b) Address 1029 S. Williams Proberly MO.

17. (a) Burial (b) Date thereof May 7 6-43
(c) Place: burial or cremation Proberly MO.

18. (a) Signature of funeral director Erna Nave
(b) Address Proberly MO.

19. (a) 5-5-43 (b) Erna Nave
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd year 1943 hour 9 minute 40 P.M.

21. I hereby certify that I attended the deceased from April 23 to May 3 1943
that I last saw the deceased alive on May 3 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis - months
arterial Hypertension

Other conditions (include pregnancy within 3 months of death) None

Major findings: Of operations None
Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(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?

23. Signature L. E. Fisher M.D.
Address Proberly MO. Date signed 5/1/43

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

RECEIVED

District Health Officer No. 10

District File Number 6-43-1009

Date Filed JUN 8 1943

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 R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Proberly 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.