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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 3078

ED AUG 6 1943
Registration District No. 149

Primary Registration District No. 1002

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:
General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 1/2 Hours
(Specify whether years, months or days)

In this community 40 Years
(Specify whether 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. 3310 Holmes Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Chris Miller Larsen

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

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

6. (b) Name of husband or wife Eliza Larsen 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased 3 - 30 - 1864
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>79</u> | <u>3</u> | <u>12</u> | hr. _____ min. _____ |

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

10. Usual occupation Painting Contractor, Retired

11. Industry or business _____

12. Name No Record

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

14. Maiden name No Record

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

16. (a) Informant Mrs. Eliza Larsen

(b) Address 3310 Holmes Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

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

(b) Address Kansas City, Missouri

19. (a) 7-13-43 (Date received local registrar) (b) J. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th year 1943 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____ to _____ that I last saw him Deputy Coroner and that death occurred on the date and hour stated above.

Immediate cause of death Injury by Fall
Fracture of Pelvis & Back - 1862

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 18

Major findings: Of operations _____
Of autopsy See Above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 123
(b) Date of occurrence July 12, 1943
(c) Where did injury occur? Kansas City Jackson Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Yes (Specify type of place) (e) Means of injury Trauma

23. Signature Dr. E. E. Upsher (M. D. or other) M.D.
Address 23rd M & Co Date signed 7/12/43

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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 *Theron A. Redman*.....
Licensed Embalmer No. *2737*.....
P. O. Address *H. P. 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.