

No. 2
5-42
17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10795

State File No.

FILED APR 1 8 30 1944

Primary Registration District No. 3017

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Dr Alex Ravensway
(If not in hospital or institution, write street number or location)

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

In this community 1 Day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte

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

(d) Street No. 724 Sandusky
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Mrs Myrtle Hartig Jensen

3. (b) If veteran, name war —

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1944 hour 11 minute — P. M.

21. I hereby certify that I attended the deceased from March 11, 1944, to March 11, 1944; that I last saw he alive on March 11, 1944, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife J W Jensen

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased August 23 1881
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration 1 hour

Due to Jelly poisoning

Due to —

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

8. AGE: Years 62 Months 6 Days 17 If less than one day — hr. — min.

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Benjamin F. Davis

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

14. Maiden name Cecelia Hopkins

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

16. (a) Informant Charles W Hartig

(b) Address 5410 Highland, Kansas City, Mo

17. (a) Burial (b) Date thereof Mar 14 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Kan

18. (a) Signature of funeral director Goodman F. Wolfe

(b) Address Boonville Mo

19. (a) Mar 13-44 (b) Dr Chas. Swap
(Date received local registrar) (Registrar's signature)

Major findings: of operations

Of autopsy —

PHYSICIAN J. J. ...
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 Dr Alex Ravensway (M. D. optional)

Address Boonville Mo Date signed Mar 11 1944

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

Health Officer
Series No. Member 4-5-44
Filed

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 G. F. Bolter
Licensed Embalmer No. 3069
P. O. Address Beauville, W.

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.