

No. 2
-2.43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11635**

FILED APR 12 1944

Registration District No. **257**

Primary Registration District No. **3048**

Registrar's No. **47**

1. PLACE OF DEATH:
(a) County **Nodaway**
(b) City or town **Maryville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1406 North Mulberry /**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **15 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Nodaway**
(c) City or town **Maryville**
(If outside city or town limits, write "RURAL")
(d) Street No. **1406 North Mulberry**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Josephine E. Jenson**

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

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 1, 1891**
(Month) (Day) (Year)

8. AGE: Years **52** Months **9** Days **5** If less than one day
hr. _____ min _____

9. Birthplace **Nodaway County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business _____

12. Name **Andrew J. Jenson**

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

14. Maiden name **Bena Michaelson**

15. Birthplace **UNKNOWN Utah**
(City, town, or county) (State or foreign country)

16. (a) Informant **S. E. Jenson**

(b) Address **Maryville Mo.**

17. (a) **burial** (b) Date thereof **3-8-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
Wilcox Cemetery

(c) Place: burial or cremation **Price Funeral Home**

18. (a) Signature of funeral director **Marjill**
(b) Address **3-7-44**

19. (a) **3-7-44** (b) **Ann Barber**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **6**
year **1944** hour **11** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **March 5** 19**44** to **March 6** 19**44**
that I last saw her alive on **March 6** 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Failure with Pulmonary Edema**
Duration **1 week**

Due to _____

Due to _____

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

Major findings: Of operations **93d**
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? _____

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

23. Signature **W.P. Jansen** (M. D. or other) _____
Address **Maryville, Mo.** Date signed **3-7-44**

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

MOTHER FATHER

1344

(Licensed Embalmer's Statement on Reverse Side)

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..... *Clem M. Price*.....

Licensed Embalmer No..... *1822*.....

P. O. Address..... *Maryville, Tenn.*.....

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.