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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18737

State File No.

FILED MAY 18 1944

Registration District No. 73

Primary Registration District No. 3047

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution: 340 West Brook/St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 21 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Neosho 3
(If outside city or town limits, write "RURAL") 2

(d) Street No. 340 West Brook.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME VALDEMAR JENSEN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Rosa Jensen

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased August (Month) 2 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
68	8	23	hr. min.

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

10. Usual occupation Merchant (Retired)

11. Industry or business Furniture AND Antiques

FATHER
12. Name Not Known
13. Birthplace (City, town, or county) Denmark 4 (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace (City, town, or county) Denmark 4 (State or foreign country)

16. (a) Informant Rosa Jensen
(b) Address Neosho Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1 1944 (Month) (Day) (Year)
(c) Place: burial or cremation 8007 Cemetery

18. (a) Signature of funeral director [signature]
(b) Address Neosho Missouri

19. (a) 5-3-44 (Date received local registrar) (b) Carey Thompson (Registrar's signature)

111

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1944 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1939, to April 25, 1944
that I last saw him alive on April 25, 1944, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Heart block — Duration 3 days

Due to Myocarditis chronic

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings:
Of operations None

Of autopsy None

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature J. A. Guthrie, M.D. (M. D. or other)

Address Neosho, Missouri Date signed 4-27-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 5-15-44
District Health Officer No. 544-106
District File Number 5-16-44
Date 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 J. A. Bingham

Licensed Embalmer No. 2689

P. O. Address Neosho 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.