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36671

STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18956**
Registrar's No. **117**

FILED JUN 12 1944
Registration District No. **214**

Primary Registration District No. **3056**

1. PLACE OF DEATH

(a) County **Randolph**

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

(c) Name of hospital or institution: **1029 S. Williams**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **none**
(Specify whether years, months or days)

In this community **Seventeen years.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Randolph**

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

(d) Street No. **1029 S. Williams**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **CICILIE MARIE JENSEN**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **14th** year **1944** hour **2** minute **20** A.M.

21. I hereby certify that I attended the deceased from **Jan. 12/44** to **May 14/44**
that I last saw **her** alive on **May 10/44** 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 **Widowed**

6. (b) Name of husband or wife **Niels Jensen**

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

7. Birth date of deceased **June -14-1864**
(Month) (Day) (Year)

Immediate cause of death **myocarditis** **months**
Duration

8. AGE: Years **79** Months **10** Days **0**
If less than one day hr. min.

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

10. Usual occupation **Retired Housewife**

Due to **severe atherosclerosis**

Other conditions (Include pregnancy within 3 months of death) **PHYSICIAN**

MOTHER FATHER

12. Name **Jorgen Jorgenson**

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

14. Maiden name **Anna Marie Solphé**

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

Major findings: Of operations **92d**

Of autopsy **92d**

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

16. (a) Informant **Mrs. John P. Hansen**

(b) Address **1029 S. Williams Moberly Mo**

17. (a) **Burial** (b) Date there **May -17-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Moberly Mo.**

(a) Accident, suicide, or homicide (specify) **no**

(b) Date of occurrence **no**

(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?

18. (a) Signature of funeral director **Snow Funeral Home**

(b) Address **Moberly Mo.**

19. (a) **5-17-44** (b) **Anna Kave**
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) **no**

Mode of injury **no**

23. Signature **L. E. Hutter** (M. D. or other) **no**
Address **Moberly Mo.**

1086

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 6-44-10

Date Filed JUN 9 1944

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. Carter

Licensed Embalmer No.....

4117

P. O. Address.....

Moberly 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.