. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17696

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 68

4 1 2

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74
(c) City or town Maryville 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1405 N. Mulberry 2
(If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bena Jenson
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex female 1
5. Color or race white
6. (a) Single, widowed, married, divorced widowed 9
6. (b) Name of husband or wife Andrew Jenson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 19, 1867 (Month) (Day) (Year)
8. AGE: Years 78 Months 1 Days 21 If less than one day hr. min.
9. Birthplace UNKNOWN (City, town, or county) Utah 1 (State or foreign country)
10. Usual occupation housewife
11. Industry or business
MOTHER FATHER
12. Name Lars Mickelson
13. Birthplace UNKNOWN (City, town, or county) Denmark 11 (State or foreign country)
14. Maiden name unknown
15. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)
16. (a) Informant Mrs. B. A. Mitchell
(b) Address Maryville, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-12-45 (Month) (Day) (Year)
(c) Place: burial or cremation Wilcox Cemetery
18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo.
19. (a) 4-26-945 (Date received local registrar) (b) Amy Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1944 hour 5 minute 20 A. M.
21. I hereby certify that I attended the deceased from June 1944, to April 10, 1945 that I last saw her alive on March 24, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage with Rt. hemiplegia	11 Months
Due to: Arteriosclerosis	
Due to: Hypertension	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature W. P. Jackson (M. D. or other)
Address Maryville, Mo Date signed 4-12-45

1349 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number
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 John W. Price

Licensed Embalmer No. H281

P. O. Address Maryville 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.