S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23023

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2838

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or ~~institution~~ ST. LUKE'S HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 25-DAYS (Specify whether
In this community 25-DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County JOHNSON 99

(c) City or town OVERLAND PARK 14
(If outside city or town limits, write "RURAL")

(d) Street No. 5007-WEST-75TH STREET
(If rural, give location)

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

If yes, name country ----

3. (a) PRINT FULL NAME HARVEY JACK JENSEN

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE 0

6. (b) Name of husband or wife ----

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

7. Birth date of deceased JUNE (Month) -10- (Day) 1945 (Year)

8. AGE: Years | Months | Days 25 | If less than one day ___ hr. ___ min.

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation INFANT

11. Industry or business ----

FATHER
12. Name STANLEY J. JENSEN
13. Birthplace MITAU (City, town, or county) LATVIA (State or foreign country)

MOTHER
14. Maiden name DOROTHY DAILEY
15. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant MR STANLEY J. JENSEN

(b) Address 5007-WEST-75TH-OVERLAND PARK, KANSAS

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY-6-1945 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ SHAWNEE CEMETERY SHAWNEE, KANSAS

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401-BRUSH CREEK BLVD.

19. (a) 7-6-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 5TH year 1945 hour 9 minute 45A M.

21. I hereby certify that I attended the deceased from 6-10, 1945 to 7-5, 1945; that I last saw h[illegible] alive on 7-4, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prematurity	Birth
Due to Inability to gain weight	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 159	
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 Robert C. Fredeen M.D. or other M.D.

Address 315 Alameda Rd KC2 Mo Date signed 7/6/45

(Licensed Embalmer's Statement on Reverse Side)

246 Plaza Medical Bldg.
10:45 3:30

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 Emile M. Colbourn

Licensed Embalmer No. 3506

P. O. Address KC 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.