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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32808

FILED NOV 14 1945

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4446

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: Garneal Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days (Specify whether

In this community unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

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

(d) Street No. 7136 Warnall (If rural, give location) 8

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

If yes, name country

3. (a) PRINT FULL NAME CHRISTIAN - MIKKELSEN

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased November (Month) 18, (Day) 1897 (Year)

8. AGE: Years 47 Months 11 Days 3 If less than one day hr. min.

9. Birthplace Webster Co., (City, town, or county) Missouri (State or foreign country)

10. Usual occupation unknown

11. Industry or business

FATHER
12. Name Jacop Mikkelsen
13. Birthplace Webster Co., (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mannie Foster
15. Birthplace Webster Co., (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Jacop Mikkelsen

(b) Address Niangua, Missouri

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 10-31-45 (Month) (Day) (Year)

(c) Place: burial or cremation Marshfield Mo

18. (a) Signature of funeral director C. E. Theisen

(b) Address 2512 Holmes St.

19. (a) 10-29-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28 year 1945 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from Corona, 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death 2nd & 3d degree burn of pelvis & legs & right hand	
Due to Fire in box car	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 181-1 35

Of autopsy no History & Inspection

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) accident

(b) Date of occurrence 10-13-45 123

(c) Where did injury occur? K.C. (City or town) Jackson (County) mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)

While at work? no (e) Means of injury Fire from cigarette smoking

23. Signature James C Walker (M. D. or other)

Address 1424 Jefferson Bldg Date signed 10-25-45

(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 P G Thursen

Licensed Embalmer No. 2361

P. O. Address 2512 Halsey St

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.