

7. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 4656

FILED NOV 26 1945
Registration District No. _____

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Research Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ava Schwensen
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, widowed, married, divorced <u>Married</u>
6. (b) Name of husband or wife <u>J. H. Schwensen</u>	6. (c) Age of husband or wife if alive <u>68</u> years	
7. Birth date of deceased <u>Jan 12 1877</u> <small>(Month) (Day) (Year)</small>		

8. AGE:	Years <u>70</u>	Months <u>9</u>	Days <u>28</u>	If less than one day hr. _____ min. _____
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9. Birthplace Richmond Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER {
 12. Name Ben Dertler
 13. Birthplace Pen
(City, town, or county) (State or foreign country)
 14. Maiden name not known
 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Marg E. Schwensen
 (b) Address Richmond Mo

17. (a) Burial
(Burial, cremation, or removal)
 (b) Date thereof Nov 12 1945
(Month) (Day) (Year)

(c) Place: burial or cremation Richmond Mo

18. (a) Signature of funeral director E. Spisnair
 (b) Address Richmond Mo

19. (a) 11-10-45
(Date received local registrar)
 (b) Geraldine Holmes
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray 89
 (c) City or town Richmond
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10
 year 1945 hour 3:45 minute p. M.

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

Immediate cause of death Pneumonia - pneumonia
 Duration _____

Due to Fractured sternum, ribs, 1st L. Ribs. Rupture

Due to Coronary sclerosis
arteriosclerosis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 1. P. S.
 Of operations _____
 Of autopsy no
History & Physical

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 11-7-45

(c) Where did injury occur? Richmond Mo Ray, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on Farm
(Specify type of place)
 While at work? no (e) Means of injury Falling tree

23. Signature Jamb Walker (M. D. or other) _____
 Address 1424 Myra Alley Date signed 11-10-45

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 _____

Licensed Embalmer No. 2073

P. O. Address Richmond, 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.