

FILED NOV 28 1945  
59

STANDARD CERTIFICATE OF DEATH

5818

State File No. 36878

Registrar's No. 30

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Cass  
(b) City or town Rural (Big Creek)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 38  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME William Philander Mikkelsen

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced marrie

6. (b) Name of husband or wife Jennie Mikkelsen 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased (Month) Feb. (Day) 12 (Year) 1876

8. AGE: Years 69 Months 8 Days 19 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Wis. (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name J.C. Mikkelsen 13. Birthplace Denn.

{ 14. Maiden name Emma Jorgesen 15. Birthplace Denn.

{ 16. (a) Informant Mrs Jennie Mikkelsen (b) Address Pleasant Hill, Mo.

17. (a) (Burial, cremation, or removal) Burial (b) Date thereof 11-6-45

(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director Allen Brownfield (b) Address Pleasant Hill, Mo.

19. (a) Nov. 13-45 (b) Lama J. Jones (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass  
(c) City or town Rural (Big Creek)  
(d) Street No. 3 miles west Pleasant Hill  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4 year 1945 hour 5 minute AM

21. I hereby certify that I attended the deceased from Nov 1945 to Nov 4 1945

that I last saw him alive on Nov 4 1945 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Acute nephritis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 50k

Major findings: Carcinoma of Bladder Of operations: removed 5 years ago

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? \_\_\_\_\_

While at work? (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. L. Hancock (M. D. or other) \_\_\_\_\_ Address Pleasant Hill, Mo. Date signed 11-6-45

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

19  
00



**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.....

*By me 11-4-45.*....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *Allen Brown*.....

Licensed Embalmer No. *3785*.....

P. O. Address *Plains Hill*.....

**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, above space should be left blank.**