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 AUG 5 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23666

Registration District No. 149 Primary Registration District No. 1005 Registrar's No. 3251

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: 2545 Denver /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 2545 Denver
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME Jens C. Jensen

3. (b) If veteran, name war no

3. (c) Social Security No. 495-01-4342

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Clara Jensen

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased October (Month) 12 (Day) 1883 (Year)

8. AGE: Years 62 Months 9 Days 10 If less than one day ____ hr. ____ min.

9. Birthplace ____ (City, town, or county) Denmark 4 (State or foreign country)

10. Usual occupation Warehouse man

11. Industry or business McPike Drug Co.

FATHER
12. Name Peter Christian Jensen
13. Birthplace ____ (City, town, or county) Denmark 4 (State or foreign country)

MOTHER
14. Maiden name Anna Knudesen
15. Birthplace ____ (City, town, or county) Denmark 4 (State or foreign country)

16. (a) Informant Mrs. Clara Jensen
(b) Address 2545 Denver

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Gates Funeral Home
(b) Address 1901 Olathe Blvd. K.C.K.

19. (a) 7-26-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 22 year 1946 hour 2 45 minute P M.

21. I hereby certify that I attended the deceased from Coroner, 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 Carcinoma of Prostate	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 51 b	

Major findings:
Of operations ____
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) ____

(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 3

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

Address 1424 Mo Ave Date signed 7-22-46

(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. D Ross Blanford

Licensed Embalmer No. 4015

P. O. Address 414 State Line

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.