

FILED SEP 10 1946
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. 6089

Registrar's No. 49

1. PLACE OF DEATH:

(a) County SALINE
(b) City or town MT. LEONARD Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. ✓
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Adair
(c) City or town KIRKSVILLE
(If outside city or town limits, write "RURAL")
(d) Street No. E. NORMAL
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HERLUF MATHIAS JENSEN

3. (b) If veteran, name war II (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MALINDA SCHOENING 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased MARCH 9 1911
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
35 5 15 hr. min.

9. Birthplace HARLAN IOWA
(City, town, or county) (State or foreign country)

10. Usual occupation DAIRY INDUSTRY

11. Industry or business _____

MOTHER FATHER { 12. Name CHRISTIAN B. JENSEN
13. Birthplace DENMARK
(City, town, or county) (State or foreign country)
14. Maiden name MARY CARLSEN
15. Birthplace Shelby Co IOWA
(City, town, or county) (State or foreign country)

16. (a) Informant CHRISTIAN JENSEN
(b) Address Sutherland Iowa

17. (a) Removal + Burial (b) Date thereof 8-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sutherland, Iowa

18. (a) Signature of funeral director Charles Lewis Marshall - Mo.

(b) Address _____

19. (a) 8/27/46 (b) Wally Andrew
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug, day 24, year 1946 hour 8:12 minute 57 A.M.

21. I hereby certify that I attended the deceased from investigation of the death Aug to 24, 1946, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Accidental Plane crash

Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy No.

Duration _____

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 97

(b) Date of occurrence Aug 24, 1946

(c) Where did injury occur? Near Mr. Leonard
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Near Mr. Leonard Saline Co Mo.
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature C. L. Lawless Perover (M. D. or other) 3

Address Marshall Mo. Date signed 8-24-46

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

28109

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

7-7-46

APR 22 1947

SEP 19 1946

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 _____

R. W. Campbell Jr.

Licensed Embalmer No. _____

3469

P. O. Address _____

Marshall 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.