S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21018

Registration District No. FILED JUL 3 1947

Primary Registration District No. 1002

Registrar's No. 2737

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: Pickwick Hotel B
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 4 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Sedgwick 999

(c) City or town Mt. Hope 14
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME J. Harold JORGENSEN

3. (b) If veteran, name war World War II

3. (c) Social Security No. 511-12-5341

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Mary Jorgensen

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased July (Month) 17 (Day) 1908 (Year)

8. AGE: Years 38 | Months 11 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace Mt. Hope, (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Lawyer

11. Industry or business Self

FATHER
12. Name John H. Jorgensen
13. Birthplace Mt. Hope, (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Eva N. Williams
15. Birthplace Cheney, (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Mrs. Mary Jorgensen
(b) Address Mt. Hope, Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope, Kansas

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri

19. (a) 6-26-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1947 hour 7 minute 40 A.M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 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 Coronary Sclerosis

Due to

Due to

Other conditions Chronic Alcoholism 93d
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See Above

Duration

PHYSICIAN

Underline the cause of 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

23. Signature A E Upsher (M. D. Mo.)

Address 2800 Main Date signed 6/26/47

Jefferson City Printing Co.

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.