

No. 2
M-5-43
7-5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5372**
Registrar's No. **6**

FILED FEB 20 1948
Registration District No. **191**

Primary Registration District No. **5637**

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

1. PLACE OF DEATH:
 (a) County Lafayette
 (b) City or town Rural - Clay Twp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3 1/2 mi. N.W. Odessa - Mo. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 68 yrs.
years, months or days

3. (a) PRINT FULL NAME Daniel Jorgenson
3. (b) If veteran, name war No.
3. (c) Social Security No. No.

4. Sex male **5. Color or race** white
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 27 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>7</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace Lebanon Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

11. Industry or business
12. Name Peter Jorgenson
13. Birthplace unknown Denmark 4
(City, town, or county) (State or foreign country)
14. Maiden name Elegabeth M. Cathy
15. Birthplace unknown Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Dnyed Jorgenson
(b) Address Odessa Mo.
17. (a) Burial **(b) Date thereof Jan 17 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Odessa Cem.**

18. (a) Signature of funeral director John in the
(b) Address Odessa Mo.
19. Jan. 17 - 1948 **Letter Drummond
(Date received local registrar) (Registrar's signature)**

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Lafayette 54
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 3 1/2 mi. N.W. Odessa Mo.
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 19 year 1948 hour _____ minute _____ a. M.
21. I hereby certify that I attended the deceased from _____, 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 occlusion
 Due to Arteriosclerosis ch.
 Due to Smoking
 Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: 9275
 Of operations _____
 Of autopsy _____
 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 Dr. J. M. ... (M. D. or other) _____
Address Odessa Mo. **Date signed** 1/17/48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-19-48

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. 2945

P. O. Address... Bellevue 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.