

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

Primary Registration District No. **1002**

1. PLACE OF DEATH: **Jackson**

(a) County **Kansas City**

(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **General Hospital No. 1** **0**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **11 days**  
(Specify whether years, months or days)

In this community **48 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**

(c) City or town **Kansas City** **3**  
(If outside city or town limits, write "RURAL")

(d) Street No. **4022 Holmes** **2**  
(If rural, give location)

(e) Citizen of foreign country? **No** **0**  
(Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Frank/Sorenson**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **486-10-5611**

4. Sex **Male** **0**

5. Color or race **White**

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

6. (b) Name of husband or wife **Lucile Sorenson**

6. (c) Age of husband or wife if alive **76** years

7. Birth date of deceased **March 7th. 1873**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>75</b>	<b>2</b>	<b>15</b>	hr. _____ min.

9. Birthplace **Leavenworth Kansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Supt. Warehouse**

11. Industry or business **Mehornay Furniture Co.**

12. Name **Otto Sorenson**

13. Birthplace **Norway** **4**  
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Petersen**

15. Birthplace **Norway** **4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Frederick Sorenson**

(b) Address **4022 Holmes Street**

17. (a) **Burial** (b) Date thereof **5-24-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Missouri**

19. (a) **5-24-48** (b) **Staldine Holmes**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **May** day **22**  
year **1948** hour **1** minute **20** A.M.

21. I hereby certify that I attended the deceased from **May 11** 19**48** to **May 22** 19**48**  
that I last saw him alive on **May 22** 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Generalized arteriosclerosis**  
**Cerebral arteriosclerosis**  
**Bronchopneumonia**  
Due to \_\_\_\_\_

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

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **107**

Of autopsy **None**

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 **0**

23. Signature **Wm W. Zick** (M. D. or other) **24**  
Address **Med. Dir. Gen'l Hosp.** Date signed **5-22-48**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

*W. H. Erwin*

**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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.**