

FILED FEB 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 207

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY BUCHANAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE KANSAS b. COUNTY DONIPHAN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. JOSEPH		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WATHENA	
c. LENGTH OF STAY 9 days		d. STREET ADDRESS (If rural, give location) MISSOURI METHODIST HOSPITAL	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) NELSINE	b. (Middle) R.	c. (Last) CHRISTENSON	4. DATE OF DEATH (Month) (Day) (Year) JAN. 18, 1949
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 2, 1867	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Days 10	IF UNDER 10 HRS. Hours 16	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (State or foreign country) YDING DENMARK	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME NEILS SENSENSEN	13b. MOTHER'S MAIDEN NAME METTE ROGMUSEN	14. NAME OF HUSBAND OR WIFE NIELS CHRISTENSON
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Niels Christenson, Wathena, Kansas.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH > 4 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of colon Palmonary edema		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Colon.		?
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153X		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Colon. Intestinal obstruction.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 9, 1919 to Jan 18, 1949, that I last saw the deceased alive on 1-18, 1949, and that death occurred at 9:15A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Karl Jorgensen	23b. ADDRESS 42028th S. Joseph Ave	23c. DATE SIGNED 1-18-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 1/19/49	24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery	24d. LOCATION (City, town, or county) (State) Troy, Kansas
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DATE REC'D BY LOCAL REG. Jan 29, 1949	REGISTRAR'S SIGNATURE L. B. Jenkins	25. FUNERAL DIRECTOR'S SIGNATURE Earl Black	ADDRESS 120 Ave. St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 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 _____

B. J. Haney

Student Embalmer No. 294

working under my personal supervision.

Signed *B. J. Haney*
Student Embalmer

Signed

Earl R. Clark

Licensed Embalmer No. 4235

P. O. Address *St. Joseph 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.