

FILED AUG 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22949

State File No.

BIRTH NO.		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>5369</u>		Registrar's No. <u>70</u>			
1. PLACE OF DEATH a. COUNTY <u>Davies</u>				2. USUAL RESIDENCE (Where deceased lived if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Davies</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sheridan</u>		c. LENGTH OF STAY (In this place) <u>70 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sheridan Twp Rural</u>		d. STREET ADDRESS (If rural, give location) <u>4 mi N.W. Hamilton</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi N.W. Hamilton</u>				d. STREET ADDRESS (If rural, give location) <u>4 mi N.W. Hamilton</u>					
3. NAME OF DECEASED (Type or Print) <u>Martin Jensen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 25 1949</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct 6 1876</u>			
9. AGE (years last birthday) <u>72</u>		Months <u>9</u> Days <u>19</u> Hours <u></u> Min. <u></u>		10a. USUAL OCCUPATION (Give kind of work even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stock Raising</u>			
11. BIRTHPLACE (State or foreign country) <u>Alborg Denmark</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Andrew Jensen</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Jensen</u>			
14. NAME OF HUSBAND OR WIFE <u>Johanna Jensen</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>Carl Jensen</u> ADDRESS <u>Joseph Mo</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pericarditis</u>				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4343	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
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?					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>July 22</u> , 19 <u>49</u> , and that death occurred at <u>2:00 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>J. P. Ester D.O.</u>				23b. ADDRESS <u>Hamilton Mo</u>		23c. DATE SIGNED <u>July 26 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 28 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cem Hamilton</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>			
DATE REC'D BY LOCAL REG. <u>July 28 1949</u>		REGISTRAR'S SIGNATURE <u>Regina M Engle</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Bran Funeral Home</u>		ADDRESS <u>Davies Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAILED 8 1948



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.....

Student Embalmer No.

working under my personal supervision.

Signed.....

R J W Brown
Licensed Embalmer No. 3052

Signed.....
Student Embalmer

P. O. Address Hamilton 7

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.