

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH17109  
State File No. ....  
Registral's No. 590

FILED MAY 25 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 590

1. PLACE OF DEATH a. COUNTY <u>Brahamaw</u> 01172		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> 3858	
c. LENGTH OF STAY (In this place) <u>224/1230</u>		d. STREET ADDRESS (If rural, give location) <u>1224 West 70th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>BRUCE</u> c. (Last) <u>JENSEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-18-1953</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Feb. 28, 1899</u>
9. AGE (In years) (If under 1 year, last birthday) (Months) (Days) (Hours) (Min.) <u>54</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City - Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Hans Jensen</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Erickson</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruth P. Thomas, 2648 E. 28th St., Kansas City, 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>Lobar Pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dementia Praecox</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <u>480X</u>	
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 <u>6-29-1950</u> , to <u>5-18-1953</u> , that I last saw the deceased alive on <u>5-18-1953</u> , and that death occurred at <u>5:55 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Farrest Thomas, M.D.</u>		23b. ADDRESS <u>State Hospital No. 2, St. Joseph, Mo.</u>	
23c. DATE SIGNED <u>5-18-1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>		24b. DATE <u>May 20, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>D.W. Newcomer's &amp; Sons</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Katherine M. Allison, 495</u>		ADDRESS <u>D.W. Newcomer's Sons, 1331 Brush Creek, K.C., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 24, 1953</u>			

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

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.

Student .....  
Student Embalmer

Signed

*Basil V. Honey*

Licensed Embalmer No. *4724*

P. O. Address *Fishland 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.