

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30276

State File No. _____ Registrar's No. 3714

FILED SEP 21 1956

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3714</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>			
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>5 days</u> <u>36 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Luth-Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>1704 West 37th. Ave. 8150 9</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Johanne</u> b. (Middle) _____ c. (Last) <u>Jensen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 23 1956</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 21, 1895</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Denmark 4</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Lars Jensen</u>		13b. MOTHER'S MAIDEN NAME <u>Mette Hansen</u>		14. NAME OF HUSBAND OR WIFE <u>Niels Jensen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Niels Jensen, Kansas City, Kans.</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>Kidney Tumor, malignant</u> ANTECEDENT CAUSES Morbid 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. <u>180X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>phant</u>	
19a. DATE OF OPERATION <u>23 Aug-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Kidney Tumor</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)		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>18 Aug, 1956</u> to <u>23 Aug, 1956</u> , that I last saw the deceased alive on <u>23 Aug, 1956</u> , and that death occurred at <u>3 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. E. Carlson</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>1316 Professional Bldg</u>		23c. DATE SIGNED <u>24 Aug 56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 25, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Moriah Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri.</u>		
DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE <u>P. E. 56 neva Minshall</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gates Funeral Home, K. C. Kans.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
LV. 10.48

Dr. H. E. Carlson
Proff. B.I.J.
Vi-2-3707
Trinity, Va. 1-8351

MS DEC 20 1959

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.....
Signature of Student Embalmer

Signed *Ralph O. Gouhl*.....

Licensed Embalmer No. *5004*.....

P. O. Address *P. O. K...*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.