

SEP 6 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

28106  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 100 Registered No. 3108  
 (c) City Kansas City, Mo. (d) Street No. 1318 Forrest, Kansas City, Mo. St. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Denise Glenora Sorenson  
Infant daughter of Mr. and Mrs. Paul Sorenson

(a) Residence, No. 1318 Forrest, Kansas City, Mo. St. Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 4, 1939  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
X X X X 2 hrs. 5 min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
 9. Industry or business in which work was done, as saw mill, bank, etc. X  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.

FATHER 13. NAME Paul Sorenson  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yates Center, Ks.

MOTHER 15. MAIDEN NAME Margaret Kelsey  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

17. INFORMANT Paul Sorenson  
 (ADDRESS) 1318 Forrest, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hickman Mills, Mo DATE August 5, 1939

19. FUNERAL DIRECTOR (NAME) Sheil Funeral Home  
 (ADDRESS) 6606 Independence Ave. K.C. Mo.

20. FILED 8/4 1939 M. M. Brown  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/4 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Aug 4 1939 to Aug 4 1939  
 I last saw an alive on Aug 4 1939 Death is said to have occurred on the date stated above, at 6:00 a.m.  
 The principal cause of death and related causes of importance were as follows:

Failure of respiration  
 could be closed  
 1590  
 Date of onset  
 Other contributory causes of importance:  
Malnutrition

Name of operation None Date of None  
 What test confirmed diagnosis? Chloroform Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? None Date of injury None  
 Where did injury occur? None (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
 Nature of injury 2

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify Chas. H. McPherson, M.D.  
 (Signed) Chas. H. McPherson, M.D.  
 (Address) 500 Grand Blvd.  
H. C. Moore,

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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. <sup>F</sup>233  
working under my personal supervision.

Signed.....

*Joe B. Yoder -*

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**