

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

36494
Do not use this space.

1. PLACE OF DEATH
 (a) County Linn Registration District No. 460
 (b) Township Paris Primary Registration District No. 4274
 (c) City Higginsville (d) Street No. _____ 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 LILY SOPHIA MORTENSEN
 (a) Residence, No. _____ St.
 (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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ALFRED MORTENSEN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 27th 1890

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>49</u>	<u>6</u>	<u>27</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home Keeper

9. Industry or business in which work was done, as saw mill, bank, etc. _____

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) CORDOVA, NEBR.

13. NAME FREDRICK MICHELSEN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DENMARK

15. MAIDEN NAME HENRIETTA MUELLER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DENMARK

17. INFORMANT A Mortensen, Higginsville
(ADDRESS) 5160

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Higginsville DATE Oct. 25 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Harper Mortuary
Higginsville, Mo.

20. FILED Nov. 2 1939 T. J. W. Wall
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st 1939 to Oct 23 1939
 I last saw her alive on Oct 23 1939. Death is said to have occurred on the date stated above, at 9:55 AM.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach
Metastatic Carcinoma of Colon + Omentum
Colostomy

Other contributory causes of importance: Secondary Anemia

Name of operation Resection Stomach Colostomy Date of 6-1-39
 What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Edward Wood, M. D.
413 (Address) Higginsville, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

11/7/39
District Health Officer No. 8,
RECEIVED
District File Number
Luce Filed

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....., working under my personal supervision.

Signed.....

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.