

**FILED MAR 16 1942**

Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:  
 (a) County **Jackson**  
 (b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**3933 Forest Avenue**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **43 Years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Dr. James J. Clausen**  
 3. (b) If veteran, name war **No**  
 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Mrs. Bettie Clausen**  
 6. (c) Age of husband or wife if alive **71** years  
 7. Birth date of deceased **August 14 1865**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **6** Days **21**  
 If less than one day .hr. .min.

9. Birthplace **Denmark**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Physician & Surgeon**

11. Industry or business

MOTHER FATHER  
 12. Name **James J. Clausen**  
 13. Birthplace **Denmark**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Catherine Nissen**  
 15. Birthplace **Denmark**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Theo. B. Benjamin**  
 (b) Address **1437 East 75th Street**  
 17. (a) **Burial** (b) Date thereof **Mar. 6, 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **W. H. Newcomer's Sons**  
 (b) Address **1401 Brush Creek Blvd.**

19. (a) **3/6/42** (b) **Dr. M. Crowe**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **3933 Forest Avenue**  
(If rural, give location)  
 (e) Citizen of foreign country? **Yes** (Yes or No)  
 If yes, name country **Denmark**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **March** day **4th**  
 year **1942** hour **11** minute **50 P.** M.

21. I hereby certify that I attended the deceased from **Jan 1 1942** to **Mar 4 1942**  
 that I last saw him alive on **Mar 3 1942**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **General Circumstances**  
 Duration **6 Mos**

Due to **Cocaine of face** **45 yrs**

Due to **Epilepsy** **53**

Other conditions (include pregnancy within 3 months of death)

Major findings: **Births on** **PHYSICIAN**  
 Of operations **several occasions**  
 Of autopsy **None**  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
 (b) Date of occurrence.....  
 (c) Where did injury occur?.....  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?.....  
(Specify type of place) (e) Means of injury.....

23. Signature **J. H. Sheldon** (M. D. or other) **0**  
 Address **922 North** Date signed **3-5-42**

501

12-3  
Ed's Commerce Bldg.

---

---

**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 *H. C. Newcomer Jr*  
Licensed Embalmer No. *4043*  
P. O. Address *H. C. 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.**