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M-5-42  
7-5-17-39  
X32873

40968

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 29 1942

Registration District No. 146

Primary Registration District No. 5568

Registrar's No. 290

48  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Rural Blue  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 151 No. Ditzler Diamond  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Rural Blue  
(If outside city or town limits, write "RURAL")  
(d) Street No. 151 No. Ditzler Diamond  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country..... no

3. (a) PRINT FULL NAME: LYDIA ANN SORENSEN

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Soren P. Sorensen 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased May 9 1855  
(Month) (Day) (Year)

8. AGE: Years 87 Months 5 Days 26 If less than one day hr. min.

9. Birthplace Des Moines Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business at home

12. Name Nicholas Gross

13. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace no record  
(City, town, or county) (State or foreign country)

16. (a) Informant Soren P. Sorensen

(b) Address 151 No. Ditzler

17. (a) removal (b) Date thereof Nov. 8 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellevue Mo.

18. (a) Signature of funeral director George C. Cason

(b) Address Independence Mo.

19. (a) 11-7-42 (b) Jamez Gross  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5 year 1942 hour 7 minute P.

21. I hereby certify that I attended the deceased from Nov 9 to Nov 9

that I last saw him alive on Nov 9 and that death occurred on the date and hour stated above.

Immediate cause of death intermittent heart disease

Due to.....

Due to..... 93d

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy negative and healthy

PHYSICIAN

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) (c) Means of injury.....

23. Signature [Signature] (M, D or other) 11/6/42

Address [Signature] Date signed 11/6/42

1163

(Licensed Embalmer's Statement on Reverse Side)

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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.....  
working under my personal supervision.

Signed

*Stanley Leib*

Licensed Embalmer No. 2467

P. O. Address. Indep. 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.**