

FILED NOV 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37612**

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 338

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence	
c. LENGTH OF STAY (in this place) 1 Year		d. STREET ADDRESS 601 So. Main (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 601 So. Main			

3. NAME OF DECEASED (Type or Print) a. (First) MARTINE	b. (Middle) ---	c. (Last) PETERSEN	4. DATE OF DEATH (Month) (Day) (Year) Nov. 10, 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 23, 1866	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 9	IF UNDER 24 HRS. Hours Min. 17
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Denmark	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Thomas Jacobsen	13b. MOTHER'S MAIDEN NAME Maren Jacobsen	14. NAME OF HUSBAND OR WIFE Hans John Petersen
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs M.A. Wimberly 601 S. Main
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility		
	ANTECEDENT CAUSES Morbidity 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec 1948, to 10 Nov, 1949, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:15 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. Saunders MD	23b. ADDRESS Independence	23c. DATE SIGNED 11-10-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov. 12, 1949	24c. NAME OF CEMETERY OR CREMATORY Forest Lawn Cemetery	24d. LOCATION (City, town, or county) (State) Omaha, Neb.
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DATE REC'D BY LOCAL REG. Nov. 11-1949	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Indep. Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 14 RECD

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
Student Embalmer

Signed _____

Dixon L. Kessler

Licensed Embalmer No. *4225*

P. O. Address *Independence,*

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.