

THE DIVISION OF HEALTH OF MISSOURI
FILED MAY 24 1951 STANDARD CERTIFICATE OF DEATH

State File No. **17042**
REGISTRATION NO. **113**
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **3028**

493

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived - If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give town or township) Carthage		c. CITY (If outside corporate limits, write RURAL and give township) Carthage	
c. LENGTH OF STAY (In this place) 30 yrs		d. STREET ADDRESS (If rural, give location) 728 W. Central Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) HJALMAR	b. (Middle) WIELANDT	c. (Last) JENSEN	4. DATE OF DEATH (Month) (Day) (Year) May 16, 1951
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, OR married	8. DATE OF BIRTH October 4, 1880	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 4 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) president of Carthage Creamery Co.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Oster Linnett, Denmark	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jacob Jensen	13b. MOTHER'S MAIDEN NAME Marie Wielandt	14. NAME OF HUSBAND OR WIFE Hebe E. Jensen
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 490-10-1418	17. INFORMANT'S SIGNATURE OR NAME Mrs. H.W. Jensen	ADDRESS 728W. Central, Carthage
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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 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) occlusion Coronary Artery		
	ANTECEDENT CAUSES Morbid 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. none		

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	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) none	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 **May 14, 1951**, to **May 16, 1951**, that I last saw the deceased alive on **May 16, 1951**, and that death occurred at **6:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE George H. Wood, M.D.	(Degree or title)	23b. ADDRESS Carthage, Mo.	23c. DATE SIGNED 5/17/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE May 19, 1951	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Missouri
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DATE REC'D BY LOCAL REG. 5-18-51	REGISTRAR'S SIGNATURE L.B. Clinton	139	25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary	ADDRESS Carthage, Mo.
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RECEIVED J-23-51

Jasper County Health Office

County File Number 51/5/423

Date Filed J-23-51

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.