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.

MAY 23 1932

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

Do not use this space.

12026

1. PLACE OF DEATH
26 County Cole — Registration District No. 214 — File No.
Township Morgan — Primary Registration District No. ~~4130~~ 5294 — Registered No. 6
City (No. , St. Ward)

2. FULL NAME Corine E. Jungmeyer
(a) Residence. No. Lohman Mo R.R. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 5 1932

7. AGE — YEARS — MONTHS — DAYS: 4 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lohman Mo R-1

PARENTS
10. NAME OF FATHER Leo. H Jungmeyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Russellville Mo
12. MAIDEN NAME OF MOTHER Mary Delozier
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Osage Iron Works

14. INFORMANT Leo. H. Jungmeyer
(Address) Lohman Mo R-1

15. FILED April 9 1932 Mrs. H. L. Enloe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 9 1932

17. I HEREBY CERTIFY, That I attended deceased from April 5, 1932 to April 9, 1932 that I last saw her alive on April 6, 1932, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth
15 (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
15 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. S. Glover, M. D
, 19 (Address) Russellville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Enloe Cem. — DATE OF BURIAL: 4-10 1932

20. UNDERTAKER: G. N. Steffens — ADDRESS: Russellville Mo