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.

REC'D MAY 20 1938

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

Do not use this space.

14369

File No. 65

Registered No.

1. PLACE OF DEATH

County: Clay

Registration District No. 198

Township: ~~Fishing River~~

Primary Registration District No. 3011

City: Excelsior Springs, Mo. (No. Veterans Administration St. 3d Ward)

2. FULL NAME: JOERNDT, Louis L.

(a) Residence, No. Veterans Adm. Excelsior Springs, Mo. Ward. Independence, Mo. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 25, 1880

7. AGE: Years 57 Months 7 Days 8 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

10. Date deceased last worked at this occupation (month and year): Unknown

11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pontiac Michigan

FATHER

13. NAME: August Joerndt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Minnie Jutterheder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gemany

17. INFORMANT (ADDRESS): Hospital Records

18. ~~BURIAL, CREMATION, OR~~ REMOVAL PLACE: Independence, Mo. DATE: 5-3-38, 19

19. UNDERTAKER (ADDRESS): George Carson Independence, Missouri

20. FILED: May 4, 1938 Lorna McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 3, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1938, 19, to May 3, 1938, 19

I last saw him alive on May 3, 1938, 19. Death is said to have occurred on the date stated above, at 8:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbuncle of neck	

Other contributory causes of importance:

Diabetes mellitus	

Name of operation: None Date of: --

What test confirmed diagnosis? EXAM.&OBS. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? -- Date of injury: --, 19

Where did injury occur? --
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
--

Manner of injury: --

Nature of injury: --

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John E. Kelly JOHN E. KELLY, M.D., Manager, M. D.

(Address) Veterans Administration Facility Excelsior Springs, Mo.