

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

17428  
Do not use this space.

1. PLACE OF DEATH **RECD JUN 9 1938**

(a) County Jackson Registration District No. 399  
 (b) Township Raw Primary Registration District No. 1092 Registered No. 2125  
 (c) City Lansing City (d) Street No. 716 E. 71st Terrace St.  
 (e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Theresa Jurite 65

(a) Residence, No. 716 E. 71st Terrace St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 6, 1841

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>96</u>	<u>7</u>	<u>16</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. at home  
 10. Date deceased last worked at this occupation (month and year).....  
 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grazse Austria

FATHER

13. NAME Stephen Parger  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grazse Austria

MOTHER

15. MAIDEN NAME Mary — unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grazse Austria

17. INFORMANT (ADDRESS) Frank J. Jurite 716 E. 71st Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE May 24 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. W. Newcomer's Son Bushcreek + Paso

20. FILED May 23 1938 M. M. Brown Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1938

22. I HEREBY CERTIFY, That I attended deceased from April 30 1938 to May 22 1938  
 I last saw her alive on 5/20 1938. Death is said to have occurred on the date stated above, at 6:25 a.m.

The principal cause of death and related causes of importance were as follows:  
Myocardial infarction Date of onset 9/3/38

Other contributory causes of importance:  
old shen infection of foot

Name of operation None Date of.....  
 What test confirmed diagnosis? None 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) [Signature] M. D.  
 (Address) Engle 1127 N.C. Mo.

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.

**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.....

*Nell Carr*

Licensed Embalmer No.

*3976*

P. O. Address

*1401 Bushwood*

**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, above space should be left blank.**

*Original 75-7640  
3-5-*