

REC'D MAR 16 1939

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

6990  
Do not use this space.

1. PLACE OF DEATH Lafayette 2  
(a) County Davis 1 Registration District No. 460  
(b) Township Higginsville (d) Street No. 4774 Primary Registration District No. Registered No. 10  
(c) City (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs Elizabeth Jung  
(a) Residence, No. 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 Chris Jung  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 14, 1852  
7. AGE YEARS 87 MONTHS 1 DAYS 5 If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as saw mill, bank, etc.  
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) Offendorf; Alsace Lorraine, 7  
13. NAME Friedrich Schnepf 7  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Offendorf; Alsace Lorraine 7  
15. MAIDEN NAME Catharine Thurnhammer  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Offendorf; Alsace Lorraine  
17. INFORMANT Mrs. E. S. Stall (ADDRESS) Higginsville Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Feb. 21, 1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hoefer & Weinershag Higginsville Mo.  
20. FILED Mar 2 1939 Tiffney Well Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20, 1939  
I HEREBY CERTIFY, That I attended deceased from Jan 12, 1939, to Feb 20, 1939  
I last saw her alive on Feb 20, 1939. Death is said to have occurred on the date stated above, at..... m.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma Rectum 46  
Date of onset 1 yr.  
Other contributory causes of importance: Secondary Anaemia 3 mo. Hypostatic Congestion 2-20-39  
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  
Specify...  
(Signed) Expert on Death M. D.  
(Address) Higginsville, Mo.

WRITE PLAINLY, WITH OBTAINING THE...  
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.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 3/13/74

**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.....

C.G. Meinershagen

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*C.G. Meinershagen*  
.....  
Licensed Embalmer No. 1095

P. O. Address Higginsville

**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.**