

REC'D SEP 15 1939

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

29492

Do not use this space.

**1. PLACE OF DEATH**(a) County JohnsonRegistration District No. 427(b) Township JacksonPrimary Registration District No. 5592

(c) City .....

(d) Street No. .... St. ....

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. 1 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.**2. PRINT FULL NAME** John Jurlow(a) Residence, No. .... St. 

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1- 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>70</u>	<u>3</u>	<u>11</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant

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) RussiaFATHER 13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RussiaMOTHER 15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia17. INFORMANT (ADDRESS) Leo. Jurlow  
Kingsville Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Elm Cemetery DATE AUG 16, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) T. W. Goodman  
Holden Mo.20. FILED Aug 16, 1939 Wm. V. Redford  
Local Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14, 193922. I HEREBY CERTIFY, That I attended deceased from me 39 Aug 14, 1939I first saw him alive on Aug 20, 1939. Death is saidto have occurred on the date stated above, at 4:30 A.M.

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

Carcinoma of lungDate of onset ?

Other contributory causes of importance:

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? no

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

Accident, suicide, or homicide? .....

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) Wm. V. Redford, M. D.38 (Address) Wm. V. Redford

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.

RECEIVED  
District Health Officer No. 8,  
District File Number 9/11/39  
Date Filed

**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 M Goodman

Licensed Embalmer No. 2424

P. O. Address Holden mo

**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.**