DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35469

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 210

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____ years, months or days) 6 [illegible]

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 305 S. Williams
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME ROBERT JURGENSMEYER
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced ✓
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Oct. (Month) 21 (Day) 1939 (Year)

8. AGE: Years | Months | Days | If less than one day 5 hr. ____ min.

9. Birthplace Columbia (City, town, or county) Missouri (State or foreign country)
10. Usual occupation ✓
11. Industry or business ✓

FATHER
12. Name Frank Jurgensmeyer
13. Birthplace St Elizabeth (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Jennie Weidinger
15. Birthplace St. Elizabeth (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature Frank Jurgensmeyer
(b) Address Columbia, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-21-39 (Month) (Day) (Year)
(c) Place: burial or cremation St Elizabeth, Mo. Cem.
18. (a) Signature of funeral director W H Vandeventer
(b) Address Columbia, Mo.
19. (a) 10/21/39 (Date received local registrar) (b) Allie Selby 74 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21 — year 1939 hour 5.30 am minute ____ M.
21. I hereby certify that I attended the deceased from Oct. 21, 1939, to Oct. 21 —, 1939; that I last saw him alive on Oct. 21 —, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: atelectasis, congenital both lungs	Life
Due to Prematurity (28 weeks) wt. 3 lbs.	
Due to Premature Rupture Antimatic Sac	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy no

154

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature O H Bradford (M. D. or other)
Address 205 Exchange Bank Bldg Columbia Mo Date signed 10/4/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19511

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.....

Licensed Embalmer No.....

P. O. Address.....

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.