

Registration District No. 5416

Primary Registration District No. 5416

Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Rural Celery Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Home Near Etnowassa Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days) 2 3 years (Specify whether years, months or days) 1-2-17

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME HERMAN JUNGE

8. (b) If veteran, name war. No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Delia Junge (Connell) 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Sept 2 1872
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 26
year 1940 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Mar. 21, 1940, to Feb. 26, 1940, that I last saw him alive on Feb. 24, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Arterio Sclerosis

8. AGE: Years 67 Months 5 Days 34 If less than one day _____ hr. _____ min.

9. Birthplace Schewe Ill (City, town, or county) Ill (State of foreign country)

10. Usual occupation Farmer

11. Industry or business Own farm

MOTHER FATHER
12. Name Herry Junge 6
18. Birthplace Germany (State of foreign country)
14. Maiden name Maria Springmeier 5
15. Birthplace Germany (City, town, or county) (State or foreign country)

18. (a) Informant's own signature Herman Junge

(b) Address Robertsville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-29-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cem.

18. (a) Signature of funeral director J. B. Sumner

(b) Address House Springs Mo 2161

19. (a) 2-25-40 (Date received local registrar) (b) Mary Shell (Registrar's signature)

Due to _____
Other conditions grip
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. H. Stensler (M. D. or other)
Address Pacific Mopate signed 2/25/40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

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.

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 *J. P. Bremer*

Licensed Embalmer No. 470

P. O. Address House Springs 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.