

No. 2  
1-10-39  
-17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

17572

State File No.

2099

REG. JUN 7 1940  
Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution  
Menorah Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1400 East 74th Street  
(If rural, give location).  
(e) If foreign born, how long in U. S. A.? --- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st  
year 1940 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from May 15, 1940, to May 21, 1940;  
that I last saw him alive on May 21, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Patulous meningitis Duration  
2 Wks

Due to JF

Due to

Other conditions  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations

Of autopsy

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?

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

23. Signature Harry C. Lamm (M. D. or other)  
Address 1103 Grand Date signed 5-21-40

3. (a) PRINT FULL NAME Mr. Edward L. Juergens

3. (b) If veteran, name war None 3. (c) Social Security No. 486-10-2806

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased July 24 1913  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
26 9 28 hr. min.

9. Birthplace Nebraska  
(City, town, or county) (State or foreign country)

10. Usual occupation Underwriter

11. Industry or business P. H. Mastin Insurance Co.

12. Name Edward F. Juergens

13. Birthplace Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Frances Bourg

15. Birthplace Nebraska  
(City, town, or county) (State or foreign country)

16. (a) Informant R. S. Lyons  
(b) Address 1400 East 74th

17. (a) Burial (b) Date thereof May 23, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 1111 Galvary Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) May 21, 1940 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address B. C. 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.**