

Registration District No. **1046**

Primary Registration District No. **5810**

Registrar's No. \_\_\_\_\_

SEP 24 1940

1. PLACE OF DEATH:

(a) County **Newton**  
(b) City or town **Shoal Creek Twp. - Rural**  
(c) Name of hospital or institution: **R.R. U**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community **58 Years;**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Newton**  
(c) City or town **R.F.D. JOPLIN MISSOURI:**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5 M. S.W. of JOPLIN.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? **No.** years.

3. (a) PRINT FULL NAME **Christian K. Juergens.**

3. (b) If veteran, No name war. **No**  
3. (c) Social Security No. **No**

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

6. (b) Name of husband or wife **None**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Dec. 30. 1872;**  
(Month) (Day) (Year)

8. AGE: Years **67** Months **6** Days **16**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Maries County Missouri.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business **Retired Farmer.**

12. Name **Julius Juergens.**

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

14. Maiden name **Sadine Stites.**

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

16. (a) Informant **Louis Juergens.**

(b) Address **R.F.D. JOPLIN MISSOURI:**

17. (a) **Burial** (b) Date thereof **8-17-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **OSBORNE MEMORIAL PARK Hurlbut Und. Co;**

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address **Joplin Missouri.**

19. (a) **8-16-40** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug. 15,** day **1940;**  
year \_\_\_\_\_ hour **8:30 P.M.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Aug 7-40**  
**Aug 15** 19**40** to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him alive on **Aug 15/40** 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Robert Pruesenwilde**

Due to **Flu**

Due to **HA**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) **No**

(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 **[Signature]** (M. D. or other!)  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 940-2555

Date Filed SEP 9 1940

**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. 4099

P. O. Address. Joplin Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**