

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

39260  
Do not use this space.

1. PLACE OF DEATH *Jamestown*

(a) County *Mo* Registration District No. *574*

(b) Township *Iron* Primary Registration District No. *4338*

(c) City *Jamestown* or (d) Street No. \_\_\_\_\_ St.

(e) Length of residence in city or town where death occurred \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 yrs. mos. ds. (f) How long in U.S. (Specify foreign birth? yrs. mos. ds.)

2. PRINT FULL NAME *Charles Kuorps*

(a) Residence, No. *Jamestown Mo* St. *Rural* (If nonresident, give city or town and State)

FILED DEC 11 1940

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Catherine Kuorps*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 29 1885*

7. AGE YEARS *54* MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Farmer*

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) *Cooper County Mo*

FATHER 13. NAME *George Kuorps*

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) *Unknown Mo*

MOTHER 15. MAIDEN NAME *Minnie Kuorps*

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) *Unknown Mo*

17. INFORMANT *Kathryn Kuorps* (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE *Western Cemetery* DATE *Nov 12* 19*40*

19. FUNERAL DIRECTOR (NAME) *Charles Paul Fulsler* (ADDRESS) *Jamestown Mo*

20. FILED *Nov 10* 19*40* *Abbe Dugat* Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11/10* 19*40*

22. HEREBY CERTIFY, That I attended deceased from *11-10* 19*40* to *11-10* 19*40*. I last saw *him* alive on *11-10* 19*40*. Death is said to have occurred on the date stated above, at *20* m. The principal cause of death and related causes of importance were as follows:

*Chronic Valvular Disease of Heart*

Date of onset *Unknown*

Other contributory causes of importance: *None*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19*40*. 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? \_\_\_\_\_ If so, specify \_\_\_\_\_ (Signed) *A. J. ...* M. D. (Address) *Jamestown Mo*

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 *W. E. Friedmeyer*.....

Licensed Embalmer No. *2854*.....

P. O. Address *California 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.**