

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.

SS 490-18-5994 022

FILED JUL 17 1941

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

22146
Do not use this space.

1. PLACE OF DEATH
 (a) County Marion Registration District No. 548.
 (b) Township Liberty Primary Registration District No. 4323. Registered No. 21.
 (c) City Palmyra or (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 63 yrs. 2 mos. 28 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lawrence L. Juette
 (a) Residence, No. Palmyra, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Katherine Lochman Juette

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12, 1878

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>63</u>	<u>2</u>	<u>28</u>	

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. Stone Mason

10. Date deceased last worked at this occupation (month and year) June 10, 1941 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmyra, Missouri

FATHER

13. NAME Erred L. Juette
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Mary Huber
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Alben Juette
Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph Cem. Palmyra, Mo. DATE June 12, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. W. Moore
Palmyra, Mo.

20. FILED June 11, 1941 Gertude Lee
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1941

22. I HEREBY CERTIFY, That I attended deceased from 6/10, 1941 to 6/10, 1941
 I last saw him alive on 6/10, 1941 Death is said to have occurred on the date stated above, at 9:45 p.m.
 The principal cause of death and related causes of importance were as follows:
Coronary thrombosis
 Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 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? Yes
 If so, specify _____
 (Signed) W. J. Hill, M. D.
 (Address) Palmyra, Mo.

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.....

Gross Lewis

Licensed Embalmer No. *2382*

P. O. Address *Salmon - Me*

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.