

Registration District No. **26**

Primary Registration District No. **3002**

1. PLACE OF DEATH:

(a) County **Judson**
(b) City or town **Mexico, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Judson County Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **18 days** (Specify whether
In this community **Oct 4 to Oct 21 1941**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Montgomery**
(c) City or town **New Florence RURAL**
(If outside city or town limits, write "RURAL")
(d) Street No. **Three miles north East**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **XXXK Paul E. Jurgesmeyer**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **Whit** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mary F. Jurgesmeyer** 6. (c) Age of husband or wife if alive **54** years
7. Birth date of deceased **Dec 23 1886**
(Month) (Day) (Year)

8. AGE: Years **54** Months **9** Days **28** If less than one day hr. min.

9. Birthplace **Warren County Mo**
(City, town, or county) (State or foreign country)
10. Usual occupation **Farmer**

11. Industry or business _____
12. Name **August Jurgesmeyer**
13. Birthplace **St Louis Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Sophia Dunard**
15. Birthplace **no**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Paul Jurgesmeyer**
(b) Address **New Florence Mo**
17. (a) **Burial** (b) Date thereof **10/23/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Zion Cem Truxton Mo**
18. (a) Signature of funeral director **C. W. Hopkins**
(b) Address **Montgomery City Mo**
19. (a) **October 31-41** (b) **Blanche Neely**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **21**
year **1941** hour **5** minute **20 A.M.**

21. I hereby certify that I attended the deceased from **Oct 4**, 19**41** to **Oct 21**, 19**41**,
that I last saw him alive on **Oct 20**, 19**41**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary embolism**
Duration _____

Due to _____
Due to _____

Other conditions **Following double hemostomy**
(include pregnancy within 3 months of death)

Major findings: Of operations **||| a**
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) _____
(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) (b) Means of injury **6**
23. Signature **Frank Jolley** (M. D. or other) **MD**
Address **Mexico, Mo.** Date signed **10/21/41**

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

4
1
2

RECEIVED

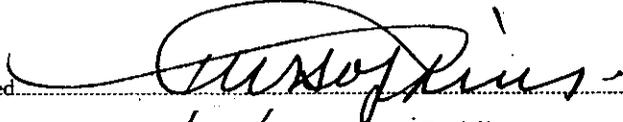
District Health Officer No. 10

District File Number 11-41-2066

Date Filed NOV 14 1941

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 on the 21
day of Oct. 1941....., Registered Apprentice No.....
working under my personal supervision.

Signed 
Licensed Embalmer No. 1487

P. O. Address Montgomery City 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, fact should be so stated above.