

No. 2
1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **7489**
Registrar's No. **92**

Registration District No. **10488**

Primary Registration District No. **3032**

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

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hosp. U
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one mo.
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Sophia Matilda Junge
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex F **5. Color or race** W **6. (a) Single, widowed, married, divorced** Widow
6. (b) Name of husband or wife H. H. Junge **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased April 19-
(Month) (Day) (Year)

8. AGE: Years 69. Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Pettis Co Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business
12. Name Christian Buchholz
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Christine Shupp
15. Birthplace Pettis Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Violet Junge
(b) Address Sulva Okla.

17. (a) Burial **(b) Date thereof** 3-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director M. Laughlin Buss
(b) Address Sedalia Mo

19. (a) 3-7-42 **(b) Mrs. Anne Berger
(Date received local registrar) (Registrar's signature)**

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis Co
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1603 South Montclair
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 4
year 1942 hour 9 30 minute P M.
21. I hereby certify that I attended the deceased from 37 to Mar 4 1942
that I last saw h alive on Mar 4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Sclerosis **Duration** 6 yrs
Due to _____
Due to _____
Other conditions 872
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy none
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) (e) Means of injury 0
23. Signature A. L. Walter (M. D. or other) M.D.
Address Sedalia Mo **Date signed** 3-7-42

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-17-42

MAR 26 1942

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.