

FILED JUL 10 1942

Registration District No. **668**

Primary Registration District No. **3032**

Registrar's No. **227**

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:  
**314 North Quincy**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **35 years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**  
(c) City or town **Sedalia**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **314 North Quincy**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **Mrs. Anna Perkins Jungblut**

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

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

6. (b) Name of husband or wife **Henry Jungblut** 6. (c) Age of husband or wife if alive **68 years**

7. Birth date of deceased **June 29, 1868**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>73</b>	<b>11</b>	<b>22</b>	hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Wm. H. Perkins**

13. Birthplace **Platte County, Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Reynolds**

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

16. (a) Informant **Henry Jungblut**

(b) Address **314 N. Quincy, Sedalia, Mo.**

17. (a) **Burial** (b) Date thereof **June 22,**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crown Hill**

18. (a) Signature of funeral director **Huane Ewing**

(b) Address **Sedalia, Missouri**

19. (a) **June 22/42** (b) **Anna Berger**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **21**  
year **1942** hour **7:15** minute **A.M.**

21. I hereby certify that I attended the deceased from **6/1** 19**42** to **6/21** 19**42**  
that I last saw **her** alive on **6/19** 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Decompensation**  
**Subur**

Duration **6 mos**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Nephritis Subacute**  
(Include pregnancy within 3 months of death)

Major findings: **none**  
Of operations **318**

Of autopsy **no**

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 \_\_\_\_\_

23. Signature **W. M. ...** (M.D. or other) \_\_\_\_\_

Address **118 1/2 W Main Sedalia Mo** Date signed **6/24/42**

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 9-9-42

*Dr. Weather*  
*118 1/2 W. Main*

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

*Duane Ewing*

Licensed Embalmer No. 3847

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.