

FILED SEP 4 1942 4

Registration District No. 2927 4

Primary Registration District No. 5935

Registrar's No. 284

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

86
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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:
Rural (six miles north of Sedalia)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community at least six years (Specify whether 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.....

3. (a) PRINT FULL NAME Henry F. Jungblut
3. (b) If veteran, name war none
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 10
year 1942 hour..... minute..... M.
21. I hereby certify that I attended the deceased from 8:15 = to 1942
that I last saw him alive on..... and that death occurred on the date and hour stated above.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Anna Jungblut
6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased August 20, 1874
(Month) (Day) (Year)

Immediate cause of death Gun shot wound in chest inflicted with homicide intent
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death)
166

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>11</u>	<u>20</u>hr.min.

9. Birthplace unknown, Iowa
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer

MOTHER FATHER

11. Industry or business.....
12. Name unknown
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
Major findings:
Of operations.....
Of autopsy.....

16. (a) Informant newspaper, death certificate of wife, Anna Jungblut
(b) Address.....
17. (a) Burial (b) Date thereof Aug. 15 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill
18. (a) Signature of funeral director Dorcas Ewing
(b) Address Sedalia, Mo.
19. (a) Aug. 15, 1942 (b) no Anna Berger
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) homicide
(b) Date of occurrence.....
(c) Where did injury occur? near Hughesville Pettis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? no (Specify type of place)
(e) Means of injury Gun shot
23. Signature W J Bishop coroner (M. D. or other)
Address Sedalia Mo Date signed 8-15-42

SEP 18 1942
RECEIVED

District Health Officer No. 8,
District File Number _____

Date Filed 9-3-42

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.....

This body was not embalmed.

....., Registered Apprentice No.....

working under my personal supervision.

Signed Duane Ewing

Licensed Embalmer No. 3847

P. O. Address: Idalia, 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.