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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

29399

State File No. \_\_\_\_\_

Registrar's No. 3322

FILED SEP 16 1942  
Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days - 20 hrs.  
(Specify whether years, months or days)

In this community 7 days - 20 hrs.

3. (a) PRINT FULL NAME Michael Alan Jugan

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced infant

6. (b) Name of husband or wife Mrs. Keith Jugan

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased August 30 1942  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 7 If less than one day 20 hrs. 50 min.

9. Birthplace Kansas City, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation none - infant

11. Industry or business none

12. Name MAURICE Keith Jugan

13. Birthplace Fort Scott, Kansas  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Louise Jugan

15. Birthplace Kansas City, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Keith Jugan

(b) Address 2414 Spruce

17. (a) Burial (b) Date thereof Sept. 8, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director D. Newcomer

(b) Address 1401 Brush Creek Blvd.

19. (a) 9-8-42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8  
(If outside city or town limits, write "RURAL")

(d) Street No. 2414 Spruce  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7th  
year 1942 hour 5:00 minute 40 A. M.

21. I hereby certify that I attended the deceased from Aug 30, 1942, to Sept 7, 1942  
that I last saw him alive on Sept 6, 1942,  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pre-maturity  
Placental

Due to 159

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

Underline the cause to which death should be charged statistically.

PHYSICIAN

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 George V. Herman (M. D. or D.O.)  
Address 1107 Bryant Bldg Date signed 9/7/42

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Emile M. Colburn*

Licensed Embalmer No. *3506*

P. O. Address *F. E. 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.**