

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

FILED JUL 8 1943
Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 days** (Specify whether
In this community **69 years** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3607 Paseo** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Laura Lurie**

3. (b) If veteran, **X** name war _____
3. (c) Social Security No. **None**

4. Sex **Fe** 5. Color or race **Wh**
6. (a) Single, widowed, married, divorced, **widowed**
(b) Name of husband or wife **Joseph S Lurie**
6. (c) Age of husband or wife if alive **deceased** years
7. Birth date of deceased **Jan 31 1874**
(Month) (Day) (Year)

8. AGE: Years **69** Months **4** Days **23**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **at home**

11. Industry or business

MOTHER FATHER
12. Name **Henry Jobner**
13. Birthplace **Germany**
14. Maiden name **Elizabeth Kogentz**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Rosalie Grueninger**

(b) Address **3607 Paseo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **June 26 43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood**

18. (a) Signature of funeral director **J. W. Wagner**

(b) Address **Kansas City Mo**

19. (a) **6-25-43** (Date received local registrar) (b) **D. E. Brown** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **24**
year **1943** hour **2** minute **35 P.M.**

21. I hereby certify that I attended the deceased from **June 22 43** to **June 24 1943**
(that I last saw h. er alive on **June 24 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **cerebral hemorrhage**

Due to **83a**

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 **Amey K. Thom** (M. D. or other) _____

Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Alvin R. Haunschild*

Licensed Embalmer No. *4159*

P. O. Address *Kansas 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.