S. No. 2
0M--2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6503

Registration District No. 31 Primary Registration District No. 4040 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Benton

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 87 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 8

(a) State Missouri (b) County Benton 0

(c) City or town Cole Camp 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mrs Gesena Junge

3. (b) If veteran, name war

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Fred Junge

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

7. Birth date of deceased August (Month) 14th (Day) 1856 (Year)

8. AGE: Years 87 Months 5 Days 25 If less than one day hr. min.

9. Birthplace Mt Hulda Benton Co (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Henry Lutjen
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Margaret Brunjes
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Henry T Junge
(b) Address Cole Camp Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 12 - 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Trinity Lutheran

18. (a) Signature of funeral director E L Eickhoff
(b) Address Cole Camp Mo

19. (a) 2-25-1944 (Date received local registrar) (b) Pauline Harms (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9
year 1944 hour 4 minute 00 P M.

21. I hereby certify that I attended the deceased from 1-2- 1944 to 2-9- 1944
that I last saw her alive on 2-9- 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

93d

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature D Biser MD (M. D. or other) MD
Address Cole Camp Mo Date signed 2-10-44

1041

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 7
Public File Number 2-44-209
Date Filed 3-6-44

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 E L Eichhorff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.