

S. No. 2
OM-2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 8 1944
Registration District No. 31

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6504
Registrar's No. 8

Primary Registration District No. 5108

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

1. PLACE OF DEATH:
Benton
(a) County
(b) City or town Cole Camp Rural Williamstownship
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Benton
(c) City or town Cole Camp Rural
(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.....

3. (a) PRINT FULL NAME Herman H Junge
3. (b) If veteran, name war No
3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 15
year 1944 hour 1 minute 15 P. M.

4. Sex Male 5. Color of race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mrs Herman Junge
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased July 30th 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-7-44 to 2-15-44
that I last saw him alive on 1-31-44
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 6 Days 15
If less than one day hr. min.

Immediate cause of death Carcinoma of Prostate
Duration
Due to 51 R
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

9. Birthplace Benton County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer Retired

11. Industry or business
12. Name John Henry Junge
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Katie Finkel
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (e) Informant Mrs Albert Lemler
(b) Address Cole Camp R #2
17. (a) Burial (b) Date thereof Feb 17, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

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

(c) Place: burial or cremation Mt Hulda
18. (c) Signature of funeral director E. E. Eickhoff
(b) Address Cole Camp Mo
19. (a) FEBRUARY 25-44 (b) Pauline Norme
(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)
(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) (a) Means of injury
23. Signature [Signature] (M. D. or other)
Address Cole Camp Mo Date signed 2-15-44

1891

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No 71
2-44-208
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. Eickhoff*

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.