

S. No. 2
FORM 5-52
Rev. 5-17-39
1 X32873

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

FILED NOV 8 1944

Registration District No. 360 Primary Registration District No. 6224

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Rural, Camp Clark, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Station Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
In this community 35 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town Berlin
(If outside city or town limits, write "RURAL")
(d) Street No. Tegel #22, Biedenkopperater
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Germany

3. (a) PRINT FULL NAME Karl Jung, A-841263
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 10
year 1944 hour 7 minute 12 A. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charlotte 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from 30 September 1944 to 10 October 1944
that I last saw him alive on 9 October 1944
and that death occurred on the date and hour stated above.

7. Birth date of deceased: November 13 1913
(Month) (Day) (Year)

Immediate cause of death Uremia, severe Duration 18 days

8. AGE: Years 30 Months 10 Days 10 If less than one day hr. _____ min. _____

Due to Nephritis, acute, glomerular, severe

9. Birthplace Reichenbach, Germany 4
(City, town, or county) (State or foreign country)

Due to cause undetermined

10. Usual occupation Farmer

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

11. Industry or business (German prisoner of war)

Major findings: _____
Of operations _____

12. Name Unknown

Of autopsy Same as above

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)

16. (a) Informant United States Army
(b) Address Camp Clark, Missouri

17. (a) Buried (b) Date thereof Oct 12, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Camp Clark, Missouri
(d) Signature of funeral director Allen T. Karp
(e) Address Nevada, Missouri
(f) 10-18-44 (g) Hazel B. Bunch
(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) (g) Means of injury _____

23. Signature Mason R. Lyons (M. D. or other) MC
Address Camp Clark, Missouri, 1st Lt Date signed 12 Oct 1944



Right Index

RECORDED
L. O. 7,
No. 10-44-1241
Date Filed 11-7-44

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 Allen V. Keys
Licensed Embalmer No. 1968
P. O. Address Nevada 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.