S. No. 2
M—2-43
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 1 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31066

Registration District No. 156 — Primary Registration District No. 2001 — Registrar's No. 75

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Rural, Shoal Creek township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Fillmore's Bridge 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

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

(d) Street No. Shoal Creek township 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country ____

3. (a) PRINT FULL NAME Louis D. Juergens

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex male 0 — 5. Color or race white — 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased March 18, 1876 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	5	27	____ hr. ____ min.

9. Birthplace Marion county (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation farmer

11. Industry or business ____

FATHER
12. Name Julius Juergens
13. Birthplace ____ (City, town, or county) Pennsylvania 1 (State or foreign country)

MOTHER
14. Maiden name Sedine Stites
15. Birthplace Marion county (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Miss Pauline Juergens
(b) Address R.F.D. # 3, Joplin, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/15/45 (Month) (Day) (Year)
(c) Place: burial or cremation Osborne Memorial Park

18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 9-24-45 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14
year 1945 hour 1 minute 45 A M.

21. I hereby certify that I attended the deceased from Sept 13, 1945 to Sept 13, 1945
that I last saw him alive on Sept 13, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy ____

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

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 ____

23. Signature W H Brookshire (M. D. or other) MD
Address Joplin MO Date signed 9/24/45

1405

(Licensed Embalmer's Statement on Reverse Side)

OCT 31 1945

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.