

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. Calloway

5257

State File No.

Registrar's No.

FILED MAR 11 1946

Registration District No. 128

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(c) Name of hospital or institution: Sppl. Baptist Hosp. 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell 46  
(c) City or town Koshkonong  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route # 2  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Martin Juern 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased July 21, 1903  
(Month) (Day) (Year)

8. AGE: Years 42 Months 6 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Vulton County, Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name George Haney  
13. Birthplace Vulton County, Arkansas  
(City, town, or county) (State or foreign country)  
14. Maiden name Mollie Banks  
15. Birthplace Vulton County, Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant John Martin Juern  
(b) Address Koshkonong, Mo.

17. (a) Removal (b) Date thereof 2/5/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Koshkonong, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) J-5-46 (b) Dr W S Handley  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4  
year 1946 hour 10 minute 55 a.m.

21. I hereby certify that I attended the deceased from 1/25, 1946 to 2/4, 1946; that I last saw her alive on 2/3, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular heart disease 10yr.

Due to Rheumatic fever chief

Due to \_\_\_\_\_  
Other conditions Acute Edema  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy 921  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury ?

23. Signature Ray Calloway (M. D. or other) M.D.  
Address Springfield Mo. Date signed 2/5/46

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

FEB 24 1958

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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.....

*Walter E. Hamilton*

Licensed Embalmer No.....

*3808*

P. O. Address.....

*Greenleaf, Md.*

**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.

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