

S. No. 2
M-543
7. 5-17-39
I X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20333**
Registrar's No. **2465**

FILED JUN 20 1946

Registration District No. **147**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
338 South Hardesty
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **20 yrs** years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson 48**
(c) City or town **Kansas City 3**
(If outside city or town limits, write "RURAL")
(d) Street No. **338 South Hardesty 8**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Lulu Joergens**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **1st.** year **1946** hour **3** minute **P.** M.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Clem. A. Joergens**
6. (c) Age of husband or wife if alive **64** years
7. Birth date of deceased **8 8 1880**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **31 May 1946** to **4/6/46** that I last saw her alive on **6/1 1946** and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
65 9 23 hr. min.

Immediate cause of death **Chronic Valvular Heart Disease** Duration _____

9. Birthplace **Missouri** (City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**

Other conditions **Pari-tonsillar abscess 3 days**
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name **Matthew Haberstroh**
13. Birthplace **Germany 4** (City, town, or county) (State or foreign country)
14. Maiden name **No Record**
15. Birthplace **No Record 9** (City, town, or county) (State or foreign country)

Major findings: Of operations _____ Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mr. Clem. A. Joergens**
(b) Address **338 South Hardesty**
17. (a) **Burial** (b) Date thereof **6-4-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation **Mt. St. Marys**
18. (a) Signature of funeral director **Mrs. C.L. Forster**
(b) Address **Kansas City, Missouri**
19. (a) **6-4-46** (b) **Aldredine Holman**
(Date received local registrar) (Registrar's signature)

23. Signature **R. Williams MD** (Specify type of place) (M. D. or other)
While at work? _____ (c) Means of injury _____
Address **5400 St. John Ave** Date signed **6/2/46**
Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Dr. R.A. Williams
Be 2659
5400 St. John
3-7-64

~~Dr. Rose~~

103 North Elmwood
~~Box 4191~~

will

1964

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 Corland Minor

Licensed Embalmer No. 3414

P. O. Address 918 Brooklyn

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.