

Registration District No. 136

Primary Registration District No. 2001

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
St. Johns  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days  
(Specify whether years, months or days)

In this community 66 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1901 Byers  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME Amelia L. Jurgens

3: (b) If veteran, name war \_\_\_\_\_

3: (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13th day June  
year 1948 hour 2:30 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from June 10, 1948 to \_\_\_\_\_, 1948;

4. Sex Female 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: 9 11 1878  
(Month) (Day) (Year)

that I last saw her alive on June 12, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>9</u>	<u>2</u>	hr. _____ min. _____

Duration 3 da.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Merig County, Mo  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Cerebral Apoplexy

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

10. Usual occupation Retired

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

12. Name Julius Jurgens

13. Birthplace Joplin  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Stiles

15. Birthplace Mo  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16: (a) Informant Pauline Jurgens

(b) Address 1901 Byers, Joplin, Mo

17: (a) Burial (b) Date thereof 6-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborne Joplin, Mo

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? \_\_\_\_\_

18: (a) Signature of funeral director Parker Hunsaker

(b) Address 1507 Joplin, Joplin, Mo

19: (a) 6-19-48 (b) Dolores Thompson  
(Date received local registrar) (Registrar's signature)

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

(r) Means of injury \_\_\_\_\_

23. Signature J. L. Crawford (M. D. or other)  
Address Joplin, Mo Date signed 6/19/48

---

---

**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.

