V. S. No. 300
Rev. 10.48

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34390

30164
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BIRTH NO. ______ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 325

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. COUNTY Cape Girardeau	a. STATE Missouri b. COUNTY Cape Gir
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cape Girardeau c. LENGTH OF STAY (in this place) ?	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jackson Mo. 0161
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Monroe Nursing Home	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Jennie b. (Middle) Rose c. (Last) Kurre
4. DATE OF DEATH (Month) Oct (Day) 8 (Year) 1952

5. SEX F
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Dec 24-1875
9. AGE (In years last birthday) 76 — If under 1 year: Months 9, Days 12 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Friedheim Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Kayser
13b. MOTHER'S MAIDEN NAME Sophia Schade
14. NAME OF HUSBAND OR WIFE Ira Kurre

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Milton Kurre ADDRESS Jackson Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro vascular accident
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
331X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/10, 1951, *to* 10/8, 1952, *that I last saw the deceased alive on* 10/7/52 19__, *and that death occurred at* 4P *m., from the causes and on the date stated above.*

23a. SIGNATURE O. J. H. Kerr (Degree or title) MD
23b. ADDRESS Cape Girardeau, Mo.
23c. DATE SIGNED 10/1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct 10 1952
24c. NAME OF CEMETERY OR CREMATORY New Salem
24d. LOCATION (City, town, or county) Daisy (State) Mo.

DATE REC'D BY LOCAL REG. 10-13-52
REGISTRAR'S SIGNATURE C. C. Summers 44-0
25. FUNERAL DIRECTOR'S SIGNATURE McCombs F H Co ADDRESS Jackson Mo

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

(Licensed Embalmer's Statement on Reverse Side)

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 ....

working under my personal supervision.

Student Embalmer No.........................

Signed B. A. Meyer

Signed.................................
Student Embalmer

Licensed Embalmer No. 305 1

P. O. Address Jackson 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.