

S. No. 2
1-8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2358

State File No. _____

Registrar's No. 8

FILED FEB 13 1946
32
Registration District No. _____

Primary Registration District No. 3609

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: 1
(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 MO. (b) County Cape Gir.

(c) City or town JACKSON
(If outside city or town limits, write "RURAL") 2

(d) Street No. _____ (If rural, give location) 1

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME HERMAN MONROE KURRE

3. (b) If veteran, name war _____

3. (c) Social Security No. 489-30-9918

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14
year 1946 hour 4 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 14 3 PM, 1946 to Jan 14 - 4 PM, 1946
that I last saw him alive on Jan 14, 1946
and that death occurred on the date and hour stated above.

4. Sex M O 5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife BESSIE KURRE

6. (c) Age of husband or wife if alive 65 years 15 months 15 days

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

Immediate cause of death Cerebral Thrombosis

Duration 1 hour

8. AGE: Years 64 Months 9 Days 12 If less than one day _____ hr. _____ min.

Due to Heart Failure

Due to _____

9. Birthplace Hurricane, Mo. (City, town, or county) _____ (State or foreign country)

Other conditions None
(Include pregnancy within 3 months of death)

10. Usual occupation FARMER & BUSINESS MAN

11. Industry or business FARMER, BUSINESSMAN & CLERK

12. Name HENRY KURRE

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

14. Maiden name SOPHIA MARTIN

15. Birthplace Cape Gir. Co. (City, town, or county) _____ (State or foreign country) Mo

16. (a) Informant BONNIE KURRE

(b) Address JACKSON, MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-46 (Month) (Day) (Year)

(c) Place: burial or cremation JACKSON, MO.

18. (a) Signature of funeral director McCormick Funeral Home

(b) Address JACKSON, MO.

19. (a) 1-16-46 (Data received local registrar) (b) D. B. Suber (Registrar's signature)

Major findings: _____

Of operations 4

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? _____

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

23. Signature D. B. Suber (M. D. or other) _____

Address JACKSON MO Date signed 1-15-46

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with Officer No. 4
File Number 246-1742
Date Filed 2-11-46

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 Thos H. Owen
Licensed Embalmer No. 4055
P. O. Address Jackson

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.