

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

39260
Do not use this space.

1. PLACE OF DEATH *Jamestown*

(a) County *W.B.* Registration District No. *574*

(b) Township *Jamestown* Primary Registration District No. *4338*

(c) City *Jamestown* (d) Street No. _____ St.

(e) Length of residence in city or town where death occurred _____ (If death occurred in Hospital or Institution, write its name instead of street and number) yrs. mos. ds. (f) How long in U.S. since foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Charles Kuorps*

(a) Residence, No. *Jamestown* St. *Rural* (If nonresident, give city or town and State)

DEC 11 1940

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Catherine Kuorps*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 29 1885*

7. AGE YEARS *54* MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Farmer*

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) *Cooper County Mo*

FATHER 13. NAME *George Kuorps*

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) *Unknown Mo*

MOTHER 15. MAIDEN NAME *Minnie Kuorps*

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) *Unknown Mo*

17. INFORMANT *Kathryn Kuorps* (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE *Western Cemetery* DATE *Nov 12* 19*40*

19. FUNERAL DIRECTOR (NAME) *Charles August* (ADDRESS) *Jamestown Mo*

20. FILED *Nov 10* 19*40* *Abbe Dues* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11/10* 19*40*

22. HEREBY CERTIFY, That I attended deceased from *11-10* 19*40* to *11-10* 19*40*

I last saw *alive on* *just after death* Death is said to have occurred on the date stated above, at *3:00* p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Disease of Heart

Date of onset _____

Other contributory causes of importance: *None*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19*40*

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) *A. C. ...* M. D. (Address) *Jamestown Mo*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

W. E. Friedmeyer

Licensed Embalmer No. 2854

P. O. Address California 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, above space should be left blank.