

REC'D OCT 18 1938

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

31736
Do not use this space.

1. PLACE OF DEATH

(a) County Ruchanan Registration District No. 85
(b) Township _____ Primary Registration District No. 1001 Registered No. 941
(c) City St. Joseph (d) Street No. 2714 Doniphan Ave. St. _____
(e) Length of residence in city or town where death occurred 68 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Christopher Jager

(a) Residence, No. 2714 Doniphan Ave. St. Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Jager

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 21, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
77 9 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
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 49 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

FATHER 13. NAME Henry Jager
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

MOTHER 15. MAIDEN NAME Ida
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT Miss Pearl Jager
(ADDRESS) 2714 Doniphan Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE 9/13/38

19. FUNERAL DIRECTOR Walter Meierhoffer
(ADDRESS) 1302 Faraon St. St. Jos. Mo

20. FILED Sept 13, 1938 H. J. Neathaus
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1938, to Sept 11, 1938

I last saw him alive on September 11, 1938. Death is said to have occurred on the date stated above, at 9:45 a.m.

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

Chronic Glomerular Nephritis Date of onset unknown

Other contributory causes of importance: 131

Name of operation _____ Date of _____
What test confirmed diagnosis? Ch Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Yes Date of injury _____, 19____
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? No
If so, specify _____
(Signed) Gustaf Hans, M. D.
(Address) Kirkpatrick Bldg.

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.

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STATEMENT BY LICENSED EMBALMER

I, Wilbur Kelly, Licensed Embalmer No. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

Yes L. E. Yes

No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed

W. A. Kelly

Licensed Embalmer No. 3946

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.)