

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

35830
Do not use this space.

REC'D NOV 21 1938

1. PLACE OF DEATH

(a) County HOLT Registration District No. 375
 (b) Township YADAWAY Primary Registration District No. 5523
 (c) City OREGON (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? 57 yrs. mos. ds.

2. PRINT FULL NAME ALBERT EGGER

(a) Residence, No. FARM OREGON MO St.
 (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) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF MRS. MARGERET EGGER (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 24 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 4 13

OCCUPATION 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) FRUITTIGAN SWITZERLAND

FATHER 13. NAME SAMUEL EGGER
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FRUITTIGAN SWITZERLAND

MOTHER 15. MAIDEN NAME ROSINA KLOPPENSTEIN
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN SWITZERLAND

17. INFORMANT FRED EGGER (ADDRESS) OREGON MO

18. BURIAL, CREMATION, OR REMOVAL PLACE MAPLE GROVE DATE OCT-9-1938

19. FUNERAL DIRECTOR J. FRED TERHUNE (ADDRESS) SAVANNAH MO

20. FILED Oct. 8 1938 EDITH LENT Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 1938

22. I HEREBY CERTIFY, That I attended deceased from July 7 1938, to Oct 7 1938. I last saw him alive on Oct 7 1938. Death is said to have occurred on the date stated above, at 7 a. m.
 The principal cause of death and related causes of importance were as follows:

Cardiac cause of stomach Date of onset 7/7/38
 Other contributory causes of importance: 4 1/2

Name of operation none Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ 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 no injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) O. F. Neasberry, M. D.
 (Address) Oregon mo 336

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, J. Fred Terhune, Licensed Embalmer No. 1279

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

..... L. E.

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

Signed J. Fred Terhune
Licensed Embalmer No. 1279

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.)