

DEC 13 1938

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

39011

Do not use this space.

1. PLACE OF DEATH

(a) County Crawford Registration District No. 232
(b) Township Bothers Primary Registration District No. 35/6 Registered No. _____
(c) City _____ (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 262 Landrin Eggers St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Birdy Eggers</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 20 1863</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>2</u>	DAYS <u>1</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>None</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>None</u>	
	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) <u>Crawford Co Mo</u>		
FATHER	13. NAME - <u>David Eggers</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Crawford Co Mo</u>	
MOTHER	15. MAIDEN NAME _____	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____	
17. INFORMANT (ADDRESS) <u>Derry Eggers</u> <u>Bothers</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Gravestone</u> DATE <u>11/22 1938</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>L. J. Jones</u> <u>Shelbille Mo</u>		
20. FILED <u>Dec 9 1938</u> <u>J. E. Sanders</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Nov 21 1938 to Nov 21 1938
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
accident
Head and body
Crushed by falling tree
1941
Date of onset _____

Other contributory causes of importance: _____

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? accident Date of injury Nov 21 1938
Where did injury occur? 18th Cravford Co Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury at home
Nature of injury fracture skull & various contusions

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Geo. W. Reers, M. D.
(Address) Shelbille Mo

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, W. H. Embler

....., or by

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

Signed.....

W. H. Embler
.....
Licensed Embalmer No.....

P. O. Address.....
Steelville 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.