

1939 JUN 19

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

18918
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township Jordan Primary Registration District No. 2002
(c) City Jordan (d) Street No. 3109 E. 9th 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 3109 E. 9th St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sept 29, 1893
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29, 1893
7. AGE YEARS 45 MONTHS 7 DAYS 25 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Dec man
9. Industry or business in which work was done, as saw mill, bank, etc. Dec man
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) Hendon Co Mo.

13. NAME Clasac Aggus

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MARRIAGE Married

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Louis Aggus

18. BURIAL, CREMATION, OR OTHER Interred

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Funeral Home

20. FILED 5-16-39

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-15-39

22. I HEREBY CERTIFY, That I attended deceased from Apr 17, 1939, to May 15, 1939
I last saw him alive on May 15, 1939. Death is said to have occurred on the date stated above, at 10-55 AM.
The principal cause of death and related causes of importance were as follows:

Pulmonary & Laryngeal Tuberculosis Date of onset ✓

Other contributory causes of importance: 22

Name of operation Amputation Date of no
What test confirmed diagnosis? Amputation Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) W. H. Overland, M. D.
(Address) Jasper, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-6-39-1265

Date Filed JUN 9 1939

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 Steve Parker

Licensed Embalmer No. 29418

P. O. Address Johni me

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.