

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

REC'D JUL 11 1939

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

21743
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125
 (b) Township 1 Primary Registration District No. 3009 Registered No. 201
 (c) City Camden (d) Street No. S.E. Mo Hospital 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? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 260 Charles Jagger St. Oak Ridge 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Hurtle
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 23 June 1858
 7. AGE YEARS 80 MONTHS 11 DAYS 10 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) Perry County Mo

FATHER 13. NAME August Jagger 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

MOTHER 15. MAIDEN NAME Frieze 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County

17. INFORMANT (ADDRESS) Fanny Jagger Cape Gir Mo 1030 S Benton

18. BURIAL, CREMATION, OR REMOVAL PLACE Sargents Chapel DATE June 4 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) McComb Funeral Jackson Mo

20. FILED 6-22-39 J.M. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20 1939

22. I HEREBY CERTIFY That I attended deceased from June 2 1939 to June 2 1939
 I last saw him alive on June 19 8:30 PM 1939. Death is said to have occurred on the date stated above, at 11:05 PM.

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

Fractured femur from fall
falls occurred with a
cerebral hemorrhage

Date of onset

Other contributory causes of importance: 186 W

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 June 2 1939
 Where did injury occur? fell in his home
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall in home
 Nature of injury Fracture of femur

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify (Signed) R. D. Bloylock, M. D.

(Address) Oak Ridge, Mo

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF HEALTH SERVICES

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,

BA Meyer

, or by

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

Signed

BA Meyer

Licensed Embalmer No.

3057

P. O. Address

Jackson Ms.

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.