

FILED APR 4 1940

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

10650
Do not use this space.

1. PLACE OF DEATH
(a) County Clay Registration District No. 148
(b) Township Fishing River Primary Registration District No. 3011 Registered No. 46
(c) City Excelsior Springs, Mo. (d) Street No. Veterans Administration Facility 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 3 yrs. 9 mos. 1 da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Charles W. Eggers
(a) Residence, No. 1029 East 12th St., Kansas City, Mo. St. Kansas City, 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Wife dead-name unknown</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 18, 1872</u>				
7. AGE	YEARS <u>67</u>	MONTHS <u>4</u>	DAYS <u>14</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Cigar Maker</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Cigar Factory</u>			
	10. Date deceased last worked at this occupation (month and year) <u>Unknown</u>			
				11. Total time (years) spent in this occupation <u>Unknown</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Napoleon, Ohio</u>				
FATHER	13. NAME <u>Henry Frederick Eggers</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Germany</u>			
MOTHER	15. MAIDEN NAME <u>Emma Long</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Napoleon Ohio</u>			
17. INFORMANT (ADDRESS) <u>Hospital Records</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wadsworth, Kans.</u> DATE <u>3-5-40</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Claude Prichard 186 Excelsior Springs, Mo.</u>				
20. FILED <u>9-5-</u> 19 <u>40</u> <u>W. H. McCracken</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>March 3, 1940</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>June 2, 1939</u> , 19... to <u>March 3, 1940</u> , 19... I last saw him alive on <u>March 3, 1940</u> , 19... Death is said to have occurred on the date stated above, at <u>1:15 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>1. Hypertensive and coronary arterio-sclerotic heart disease with myocardial insufficiency, class V</u> <u>2. Cirrhosis of the liver, portal type</u> Other contributory causes of importance: <u>124B</u>	
Name of operation	<u>No</u> Date of... What test confirmed diagnosis? <u>Examination and observation</u> Was there an autopsy? <u>No</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>No</u> Date of injury... 19... Where did injury occur? <u>--</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>--</u>	
Manner of injury	<u>--</u>
Nature of injury	<u>--</u>
24. Was disease or injury in any way related to occupation of deceased? <u>Unknown</u> If so, specify <u>Unknown</u> (Signed) <u>W. H. McCracken</u> M.D., Clinical Director <u>W. H. McCracken</u> Veterans Administration Facility Excelsior Springs, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WHILE PRINTING, 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.

RECEIVED
District Health Officer No. 8;
District File Number 4-3-70
Last filed

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.....

Walter Baker

Registered Apprentice No. *228*

working under my personal supervision.

Signed

Claude Trichard

Licensed Embalmer No. *2757*

P. O. Address *Exelsior Springs, 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.