

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10723
Registrar's No. 68

Dr. Aldridge
Registration District No. 213

Primary Registration District No. 3055293

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson - Jefferson Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D.#3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community
years, months or days)

8. (a) PRINT FULL NAME Fred C. Eggers 212
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Martha Eggers 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased April 1 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 11 19 hr. min.

9. Birthplace Cole County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Not Known 9
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace " " (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Eggers 1
(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Mar-21-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Mark J. Gordon

(b) Address Jefferson City, Missouri

19. (a) 3/19/40 (b) Public Health Dept
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cole
(c) City or town Jeff City
(If outside city or town limits, write "RURAL")
(d) Street No. Route 3
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 18
year 1940 hour 1 minute _____ M.
21. I hereby certify that I attended the deceased from July 15
1940 to March 18 19 40
that I last saw him alive on March 18 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Cerebral hemorrhage
bilateral of 24
Due to _____
Other conditions Hypertension Arteriosclerosis
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. While at work? _____ (Specify type of place) (e) Means of injury _____
28. Signature M. Aldridge (M. D. or other) 1
Address March 18 1940 Date signed March 18 1940

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.....

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

Signed *Louis Quest*.....

Licensed Embalmer No. *4096*.....

P. O. Address *Jefferson City, 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.