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—4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17528

Registration District No. 169 Primary Registration District No. 4099 Registrar's No. 21

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

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town DALTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 59 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County CHARITON
(c) City or town DALTON
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 59 years.

3. (a) PRINT FULL NAME Charles EUGENE JAEGER
3. (b) If veteran, name war
3. (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 Matilda Jaeger
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased MARCH (Month) 2 (Day) 1870 (Year)

8. AGE: Years 71 Months 2 Days If less than one day hr. min.

9. Birthplace Eringen (City, town, or county) GERMANY (State or foreign country)
10. Usual occupation CARPENTER
11. Industry or business

MOTHER FATHER
12. Name MELICHOR JAEGER
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name MARGERET JAEGER
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant EUGENE JAEGER
(b) Address MEXICO
17. (a) (Burial, cremation, or removal) (b) Date thereof 5-4-41 (Month) (Day) (Year)
(c) Place: burial or cremation Dalton
18. (a) Signature of funeral director Jane T. Hackney
(b) Address Moberly, Mo.
19. (a) May 4, 1941 (Date received local registrar) (b) Harry C. Fatima (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 2 year 1941 hour 5 minute 50 P.M.
21. I hereby certify that I attended the deceased from April 13, 1941, to May 2, 1941, that I last saw him alive on May 2, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure — Duration
Due to Chronic Myocarditis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature John H. Maxwell (M. D. or other) M. D.
Address Dalton, Mo. Date signed 5-4-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 8-12-41
Date 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 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Paul T. Hackney

Licensed Embalmer No. 3598

P. O. Address Moberly 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, fact should be so stated above.