

13093

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 20 1942

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 95

1. PLACE OF DEATH: *Cole.*

(a) County *Cole.*

(b) City or town *Jefferson City*  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: *St. Mary's Hospital*  
(If not in hospital or institution, write street number and location)

(d) Length of stay: *1 Day*  
(Specify whether in hospital or institution)

In this community *all her life*  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Cole*

(c) City or town *Jefferson City Rural*  
(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.? *1* years.

3. (a) PRINT FULL NAME *Susanna Eggen*

8. (b) If veteran, name war \_\_\_\_\_

8. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *April* day *10* year *1942* hour *7* minute *15* A.M.

4. Sex *Female* / race *W.*

5. Color or race *W.*

6. (a) Single, widowed, married, divorced *Married*

6. (b) Name of husband *John Eggen*

6. (c) Age of husband *74* years if alive *27* years if deceased *1892*

Birth date of deceased *July 27 1892*  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from *Jan 2*, 1942, to *April 10*, 1942 that I last saw her alive on *April 10*, 1942 and that death occurred on the date and hour stated above.

8. AGE: Years *69* Months *9* Days *13* If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: *Myocardial Failure*

Due to: *Lobar Pneumonia* 5 days

9. Birthplace *Brazil* (City, town, or county) *Ind.* (State or foreign country)

Other conditions: *Arteriosclerosis*  
(Include pregnancy within 3 months of death)

*endarteritis obliterans*

10. Usual occupation *Domestic Work*

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name *Gregory Bates*

13. Birthplace *Brownsville* (City, town, or county) (State or foreign country)

14. Maiden name *Janet Elizabeth*

15. Birthplace *Ind.* (City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy *108*

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature *John St. ...*

(b) Address *Jefferson City*

17. (a) *Burial* (b) Date thereof *Apr 12-42*  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Wanamaker*

18. (a) Signature of funeral director *...*

(b) Address *...*

19. (a) *4-13-42* (b) *Normal Richter*  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature *J. A. Osman* (M. D. or other) *M.D.*  
 Address *Jefferson City* Date signed *4/11/42*

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I 193511

**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

*R. Stephens*

Licensed Embalmer No. *2307*

P. O. Address *Russellville 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.**