

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

REGD MAY 7 1942 685

4409

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Clarksville
(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)

3. (a) PRINT FULL NAME Peter Eugene Jaeger
3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color of race White 6. (a) Single, widowed, married, divorced 9
6. (b) Name of husband or wife HELAURA V. Jaeger 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 2 1862
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Clarksville
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER
12. Name Peter Jaeger
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name MARY ANN
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Jaeger
(b) Address Clarksville Mo
17. (a) Greenwood (b) Date thereof Apr 15 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Harry Larroel
(b) Address Clarksville Mo
19. (a) 5/5/42 (b) Flourence Roberts
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82
(c) City or town Clarksville 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13th day April
year 1942 hour 8 minute 45^P M.
21. I hereby certify that I attended the deceased from Apr 2
1942 to April 13th 1942
that I last saw him alive on March 8 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia
Due to General Arterio Sclerosis Injury
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 97
Of autopsy _____

Duration
1 year

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?

While at work? _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature E M Bantel (M. D. or other) 5
Address Clarksville Mo Date signed 4/14/42

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

462
000

RECEIVED

District Health Officer No. 10

District File Number 5-42-904

Date Filed MAY 6 1942

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 *me*

....., Registered Apprentice No.

working under my personal supervision.

Signed *Harry Harvill*

Licensed Embalmer No. *2439*

P. O. Address *Clarksville, 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.