

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED OCT 5 1942

Registration District No. 218

Primary Registration District No. 3017

Registrar's No. 112

27  
1  
2

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

1. PLACE OF DEATH: **COOPER**

(a) County BOONVILLE

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

(c) Name of hospital or institution: ST. JOSEPH'S HOSPITAL

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17-HOURS  
(Specify whether)

In this community Y  
years, months or days

2. USUAL RESIDENCE OF DECEASED: None

(a) State MISSOURI (b) County 0

(c) City or town Born at Hospital  
(If outside city or town limit write "RURAL")

(d) Street No. at Boonville  
Clifton City Mo (If rural, give location)

(e) If foreign born, how long in U. S. A? Rural-0 years.

3. (a) PRINT FULL NAME Maureen Ruth Aggeler

3. (b) If veteran, name war. No

3. (c) Social Security No. No

20. DATE OF DEATH: Month Sept day 17  
year 1942 hour 11 minute 02 A.M.

21. I hereby certify that I attended the deceased from Sept-17, 1942, to Sept 17, 1942;  
that I last saw her alive on 9-17-, 1942;  
and that death occurred on the date and hour stated above.

4. Sex Female / race W

5. Color or White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 17 1942  
(Month) (Day) (Year)

Immediate cause of death Asphyxia

Duration 2 min

8. AGE: Years 0 Months 0 Days 0 If less than one day hr. 2 min.

Due to Amniotic fluid

9. Birthplace Boonville Mo-0  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

10. Usual occupation None & None

Other conditions (Include pregnancy within 3 months of death) 16/1a

11. Industry or business None None

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

MOTHER FATHER { 12. Name Hubert Charles Aggeler

13. Birthplace Pilot Grove Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Bernice Anna Schuster

15. Birthplace Pilot Grove Mo  
(City, town, or county) (State or foreign country)

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

Of autopsy No

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Hubert Aggeler

(b) Address Clifton City, Mo

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof Sept 18, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial - Pilot Grove, Mo

(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? \_\_\_\_\_

18. (a) Signature of funeral director Steiner - Koehnig

(b) Address Boonville - Mo.

(e) Means of injury \_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_

19. (a) Sept 18 1942 (b) Archas. Swap  
(Date received local registrar) (Registrar's signature)

23. Signature J. D. Baley (M. D. or other)

Address Pilot Grove, Mo Date signed 9-17-42

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 10-3-42

---

---

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 James W. Segner

Licensed Embalmer No. 3780

W. H. Hall P. O. Address Boonville, 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.