

S. No. 2  
M-5-42  
v. 5-17-39  
I X32873

34962

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

MISSOURI NOV 11 1942  
Registration District No. 324

Primary Registration District No. 6093

Registrar's No. 164

97  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Saline  
(b) City or town Marshall "RURAL" (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 6 hr years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Kans (b) County 999  
(c) City or town Kansas City (If outside city or town limits, write "RURAL")  
(d) Street No. 1227 (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 2

3. (a) PRINT FULL NAME OTTO FREDRICK JEGGLIN  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 31 year 1942 hour 1:1 minute 30 A.M.  
21. I hereby certify that I attended the deceased from Oct 31 1942 to Oct 31 1942 that I last saw him alive on Oct 31 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced married  
7. Birth date of deceased: Sept - 30 - 1875 (Month) (Day) (Year)

Immediate cause of death cerebral apoplexy Duration 8

8. AGE: Years 67 Months 1 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Hypertension

9. Birthplace Boonville Mo (City, town, or county) (State or foreign country)  
10. Usual occupation merchant

Other conditions (Include pregnancy within 3 months of death)  
Major findings: JZa

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name John M Jegglin  
13. Birthplace Bernard (City, town, or county) (State or foreign country)  
14. Maiden name Anna Sanger  
15. Birthplace Bernard (City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Ira Nora Jegglin  
(b) Address 1227 Grandview St. Kansas  
17. (a) Burial (b) Date thereof 11-3-1942 (Month) (Day) (Year)  
(c) Place: burial or cremation Boonville Mo  
18. (a) Signature of funeral director Harry Heubler  
(b) Address Marshall Mo  
19. (a) 11-2-42 (b) M. O. Whatbrook (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 John R Lawrence (M, D, or other) Marshall  
Address \_\_\_\_\_ Date signed Oct 31 1942

1255

RECEIVED

District Health Officer No. 8,

District File Number

Filed 11-10-42

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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.....

Harry Hershberger

Registered Apprentice No. 334

working under my personal supervision.

Signed

Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton, 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.**