

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10988

State File No.

Registration District No. 250

Primary Registration District No. 4378

Registrar's No. 41

1. PLACE OF DEATH:

(a) County: Wodaway
(b) City or town: Clyde
(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 (Specify whether years, months or days)

3. (a) PRINT FULL NAME

John F. FREDRICK LAGER

3. (b) If veteran, name war

3. (c) Social Security No. 210

4. Sex M

5. Color or race W

6. (a) Single, widowed, married 1 divorced

6. (b) Name of husband or wife Agnes

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased 6 20 1869

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

73

9

7

hr. min.

9. Birthplace

Conception Jct
(City, town, or county)

MO
(State or foreign country)

10. Usual occupation

Farming

11. Industry or business

Farming

12. Name

Joseph Lager

13. Birthplace

Wagoner
(City, town, or county)

MO
(State or foreign country)

14. Maiden name

Agnes Kulman

MO
(State or foreign country)

15. Birthplace

Ohio
(City, town, or county)

MO
(State or foreign country)

16. (a) Informant

Thomas B. Lager

(b) Address

Conception Jct

17. (a) Burial

Conception Jct

(Burial, cremation, or removal)

(b) Date thereof

3-29-42
(Month) (Day) (Year)

(c) Place: burial or cremation

Conception Jct

18. (a) Signature of funeral director

Conception Jct

(b) Address

Conception Jct

19. (a) Date received local registrar

3-27-43

(b) Registrar's signature

A. D. Barret

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: Wodaway
(c) City or town: Clyde
(If outside city or town limits, write "RURAL")
(d) Street No.:
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

MEDICAL CERTIFICATION

2. DATE OF DEATH: Month 3 - day 27
year 1943 hour 12 - minute 10 P.

21. I hereby certify that I attended the deceased from May 30, 1934, to 3-26, 1943

that I last saw him alive on 3-26-43, 1943

and that death occurred on the date and hour stated above

Immediate cause of death Ch. Myocarditis

Diabetes Mellitus

Duration

Due to

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?

While at work

(Specify type of place)

(c) Means of injury

23. Signature J. M. Bayless (M. D. cert)

Address Conception Jct Date signed 3-27-43

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

1295

(Licensed Embalmer's Statement on Reverse Side)

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. 1898
working under my personal supervision.

Signed

Laton Phillips

Licensed Embalmer No.

1898

P. O. Address

Stanberry 2nd

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.