

S. No. 2
DM-2-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 13 1943

Registration District No. 274

Primary Registration District No. 5930

Registrar's No. 291

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Hughsville
(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 15 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Hughsville
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ *(Yes or No)*
If yes, name country _____

3. (a) PRINT FULL NAME Hugo Alvin Jaeger

3. (b) If veteran, name war ***

3. (c) Social Security No. ***

4. Sex Male

5. Color or race Wh

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

6. (b) Name of husband or wife Mary Annie

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased September 6 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>67</u>	<u>11</u>	<u>27</u>
				hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Ernest Jaeger

13. Birthplace Saxony, Germany
(City, town, or county) (State or foreign country)

14. Maiden name Clara Schubert

15. Birthplace Saxony, Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary A. Jaeger

(b) Address Hughsville, Mo

17. (a) Burial (b) Date thereof 9-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Point

18. (a) Signature of funeral director Ewing Funeral Home

(b) Address 117 West 7th, Sedalia,

19. (a) 9-4-43 (b) Anna Meyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3
year 1943 hour about: 3 minute 00 P. M.

21. I hereby certify that I found body of
9-3-43, 1943, to _____, 19____;
that I last saw h. alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death found dead on farm where he worked evidently from organic heart disease probably coronary occlusion

Due to _____

Other conditions gla
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 M. J. Beshof Coroner (M. D. or other) _____

Address Sedalia Mo Date signed 9-24-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-72-43

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 _____

Licensed Embalmer No. 3220

P. O. Address Seaside, 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.