

FILED MAR 18 1944

Registration District No. **252**

Primary Registration District No. **4381**

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

1. PLACE OF DEATH:

(a) County **Nodaway**  
(b) City or town **Hopkins**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **None**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None** (Specify whether  
In this community **20 yrs**  
years, months or days)

3. (a) PRINT FULL NAME

**Charles Michael Egger**

(b) If veteran, name war

(c) Social Security No.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W**

6. (b) Name of husband or wife **Viola Florence Fisher DeWitt** 6. (c) Age of husband or wife if alive **17** years

7. Birth date of deceased **Nov 17 1864**  
(Month) (Day) (Year)

8. AGE: Years **79** Months **2** Days **24** If less than one day hr. min.

9. Birthplace **Fremont Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Retired**

12. Name **Joshua E Egger**

13. Birthplace **Wilmington**  
(City, town, or county) (State or foreign country)

14. Maiden name **Irelda Egger**

15. Birthplace **Wilmington**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ira S. Egger**

(b) Address **Bedford Clowan**

17. (a) **Burial** (b) Date thereof **3-13-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hopkins Mo**

18. (a) Signature of funeral director **Camille Funeral Home**  
(b) Address **Marshall Mo**

19. (a) **3/17/44** (b) **OK Saylor**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Nodaway**  
(c) City or town **Hopkins**  
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **11th**  
year **1944** hour **3:30** minute **AM**

21. I hereby certify that I attended the deceased from **Sept 1 43**  
to **Feb 11 44**  
that I last saw him alive on **2/10 1944**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary tuberculosis (Chronic fibroid)**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) **13 ft**

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 **OK Saylor** (M. D. or other)  
Address **Hopkins** Date signed **2/12/44**

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1200

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*William Campbell*

Licensed Embalmer No.....

*2650*

P. O. Address.....

*Maryville 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.**