

FILED MAY 9 1944

Registration District No. \_\_\_\_\_ Primary Registration District No. 5183 3009 Registrar's No. 15

1. PLACE OF DEATH:  
(a) County Cape Girardeau  
(b) City or town Jackson mo  
(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  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Minnie-A-Nagel  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W 2  
6. (b) Name of husband or wife Christian H. Nagel 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec 24 1867 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	3	19	hr. _____ min.

9. Birthplace Cape Girardeau mo (City, town, or county) (State or foreign country)

10. Usual occupation Board wife

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Christopher Bloss  
13. Birthplace Austria 4 (City, town, or county) (State or foreign country)  
14. Maiden name Wrettenberg  
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Albert Nagel  
(b) Address Jackson mo

17. (a) Burial (b) Date thereof 4-16-1944 (Month) (Day) (Year)  
(c) Place: burial or cremation Tilsit Lutheran Cem

18. (a) Signature of funeral director Wilson-Stath-Seabaugh  
(b) Address Jackson mo

19. (a) April 16 (b) J. H. Kuehnert (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cape Girardeau  
(c) City or town Jackson mo (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 \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 13 year 1944 hour 5 minute A. M.  
21. I hereby certify that I attended the deceased from July 20, 1942 to April 13, 1944 that I last saw her alive on April 11, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Myo-Carditis  
Due to Hypertension  
Due to Chronic Nephritis  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Duration  
6 mo  
2 yr  
2 yr  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Major findings: Of operations 1318  
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? \_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ (Specify type of place) (Means of injury)  
23. Signature E. B. Schew MD (M. D. or other) Address Jackson mo Date signed April 14

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

16  
2  
1

1116

RECEIVED

District Health Officer No. 4  
District File Number 544-3765  
Date Filed 5-8-44

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 Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson 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.