

FILED JAN 15 1945

Registration District No. 2

Primary Registration District No. 4238

Registrar's No. 37

1. PLACE OF DEATH:

(a) County HOWARD
(b) City or town GLASGOW
(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) city 1
(d) Length of stay: In hospital or institution _____
In this community 86 yrs 5 mo 3 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME AQUILLA YAEGER
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife REINHOLD YAEGER 6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased JULY 8 1858
(Month) (Day) (Year)

8. AGE: Years 86 Months 5 Days 3 If less than one day hr. _____ min. _____

9. Birthplace GLASGOW (City, town, or county) MO. (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HER HOME

MOTHER FATHER { 12. Name JOSEPH MAURER 4
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name MARGARET HORS HOCH
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Mary Yaeger
(b) Address Glasgow Mo.

17. (a) BURIAL (b) Date thereof 1/13/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hackney Paris

18. (a) Signature of funeral director Andrey-Fremouth
(b) Address Glasgow Mo.

19. (a) 1/13/45 (b) A. C. O'Brien
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 4-5
(c) City or town Glasgow
(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 NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11
year 1944 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 11 1944 to Dec 11 1944
that I last saw h. _____ alive on Dec 11 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Duration _____
Due to _____
Due to _____

Other conditions _____ (Include pregnancy within 8 months of death)

Major findings: Of operations _____ Of autopsy _____
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) (e) Means of injury D

23. Signature W. B. Ketter (M. D. or other) _____
Address Glasgow Mo. Date signed 1/13/45

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-10-75

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

J. Walker Ainsley

Licensed Embalmer No.

3336

P. O. Address

Glasgow 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.