

FILED JUN 10 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18067

Do not use this space.

1. PLACE OF DEATH

(a) County HENRY Registration District No. 347
 (b) Township HONEY CREEK Primary Registration District No. 5491
 or Clinton Mo
 (c) City Clinton Mo (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 117

2. PRINT FULL NAME

Charles Herman Jageman
 (a) Residence, No. Clinton Mo St. 11
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ellie Jageman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-14-1870</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>0</u>
	DAYS <u>5</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation <u>Life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
FATHER	13. NAME <u>Joseph Jageman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Sophie Beck</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Ellie Jageman</u> <u>Clinton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Englewood</u> DATE <u>5-21-42</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Fred. W. Kitchner</u> <u>Clinton Mo</u>		
20. FILED <u>May 21, 1942</u> <u>George Kitchner</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-19-42

22. I HEREBY CERTIFY, That I attended deceased from 11:00 to May 19, 1942
 I last saw him... alive on May 16, 1942 Death is said to have occurred on the date stated above, at 12:00 PM.
 The principal cause of death and related causes of importance were as follows:
Coronary thrombosis
Chronic myocarditis
 Date of onset May 13/42

Other contributory causes of importance:
Chronic myocarditis 1940

Name of operation None Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 (If so, specify _____)
 (Signed) J. B. Hughes M. D.
 (Address) Clinton Mo. 5/20/40

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 6-42-576

Date Filed 6-8-42

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 Fred W. Williams

Licensed Embalmer No. 2478

P. O. Address Clinton, 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, above space should be left blank.