REC'D APR 19 1938

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

10747
Do not use this space.

1. PLACE OF DEATH
(a) County Greene
(b) Township North-Campbell
(c) City Springfield
(d) Street No. Burge Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 318
Primary Registration District No. 2001
Registered No. 221

2. PRINT FULL NAME Carl Wilbur Eger 260
(a) Residence, No. St. Nelsonville, Missouri
(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 Male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 30, 1918
7. AGE ✓ YEARS 20 MONTHS 1 DAYS 9 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. - farm worker -
9. Industry or business in which work was done, as saw mill, bank, etc. laborer - had been in C.C. Camp.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nelsonville, Missouri 0 1

FATHER
13. NAME Carl Eger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adams County, Illinois 0

MOTHER
15. MAIDEN NAME Stella Bohon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nelsonville, Missouri

17. INFORMANT (ADDRESS) Carl Eger Nelsonville, Missouri
18. BURIAL, CREMATION, OR REMOVAL PLACE Nelsonville, Mo. DATE 3-9, 1938
19. FUNERAL DIRECTOR (ADDRESS) Alma Lohmeyer Springfield, Missouri
20. FILED Mar 10, 1938 Chas A George MD Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last ~~saw~~ h. ~~alive~~ dead on March 9, 1938 Death is said to have occurred on the date stated above, at 1:50 P.m.
The principal cause of death and related causes of importance were as follows:

injuries received - broken legs - based skull fracture - falling in attempting to catch freight train west of Broadway crossing - North Springfield

Date of onset

Other contributory causes of importance:

none

207-
39-

Name of operation ✓ Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 3-9, 1938
Where did injury occur? Broadway crossing - Springfield
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
on Public place
Manner of injury falling - attempting to catch train
Nature of injury broken legs - skull fracture

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Jas. B. Benson, Justice of the Peace and Acting Coroner, M.D.
(Address) 1622½ No. Rabberson
290 Springfield, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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.
I X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)