

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37308
Do not use this space.

REG NOV 14 1939 2

1. PLACE OF DEATH

(a) County SALINE Registration District No. 792
 (b) Township ARROW ROCK Primary Registration District No. 4473
 (c) City or (d) Street No. 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.

2. PRINT FULL NAME MRS. FLORA ALICE JEGGLIN

(a) Residence, No. 600 SEVENTH ST. St. BOONVILLE Mo.
 (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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF HARRY B. JEGGLIN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 28-1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 4 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE

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) OCT 8-1939 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GRAND ISLAND NEBRASKA

13. NAME T. W. WILLOBY

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NORTH CAROLINA

15. MAIDEN NAME MARY SPOON

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDIANA

17. INFORMANT HARRY B. JEGGLIN (ADDRESS) BOONVILLE, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE WALNUT GROVE DATE OCT 11 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) STEGNER-KOENIG BOONVILLE - MO.

20. FILED Oct 10 1939 P. Lawless Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT. 8 1939

22. I HEREBY CERTIFY, That I attended deceased from held inquests Oct. 9 1939

I last saw h. live on 1939 Death is said to have occurred on the date stated above, at 11 p.m.

The principal cause of death and related causes of importance were as follows:

Skull crushed from being struck by a moving automobile.

Date of onset

Other contributory causes of importance:

Broken right arm and leg, bucked chest

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? Accident Date of injury Oct 8 1939

Where did injury occur? Highway 41 - Unmarked Area, Ark (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Highway 41
Manner of injury accident
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) B. C. Bradshaw M. D.

716 (Address) Arrow Rock, Missouri
Coroner of Saline County, Mo.

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.

STATE HEALTH DEPARTMENT WITH CHARGING IMPROVED THIS IS A PERMANENT RECORD

I X18603

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 11/7/39

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 *James W Stegner*
Licensed Embalmer No. *3780*
P. O. Address *Boonville, 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.