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FILED MAY 24 1944

State File No. \_\_\_\_\_

Registration District No. 8542

Primary Registration District No. 10011000

Registrar's No. 472

1. PLACE OF DEATH:

(a) County HUCHANAN  
(b) City or town ST. JOSEPH  
(c) Name of hospital or institution MO METHO. HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Day  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Margaret Egger

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Albert Egger 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June (Month) 1 (Day) 1861 (Year)

8. AGE: Years 82 Months 9 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Christian Vonallmen

13. Birthplace Switzerland (City, town, or county) (State or foreign country)

14. Maiden name Barbara Grossnicklaus

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Loren Holbrook

(b) Address Oregon Mo.

17. (a) R. (b) Date thereof May 9, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oregon Mo.

18. (a) Signature of funeral director James H. Pettigosh

(b) Address Oregon Mo.

19. (a) May 9, 1944 (b) Rae Hegog  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt 44  
(c) City or town Oregon  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 61 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1944 hour 16:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from March 27, 1944, to May 9, 1944 that I last saw her alive on May 9 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial infarction  
Due to atherosclerosis general

Due to \_\_\_\_\_  
Other conditions 93 et  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
(d) Means of injury \_\_\_\_\_  
23. Signature Gustav Alan (M. D. or other) M. D.  
Address 217 Kirkpatrick Bldg Date signed 5-12-44

Duration

unknown  
unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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 H. Pettigrew*  
.....  
Licensed Embalmer No. *3182*  
.....  
P. O. Address *Oregon 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.**