S. No. 2
M—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 22 1946

Registration District No. 7

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36441

Primary Registration District No. 3016

Registrar's No. 250

1. PLACE OF DEATH:

(a) County: Cole

(b) City or town: Jefferson City, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Cole

(c) City or town: L. O. Lomas - Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: Rural
(If rural, give location)

(e) Citizen of foreign country? (Yes or No): No

If yes, name country

3. (a) PRINT FULL NAME: Martin Louis Eggers

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Feb. (Month) 22 (Day) 1889 (Year)

8. AGE: Years 57 | Months 8 | Days 24 | If less than one day: hr. min.

9. Birthplace: Cole County, Mo (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

MOTHER FATHER

12. Name: Louis Eggers

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

14. Maiden name: Sarah Sumanek

15. Birthplace: Kata Rossleuchter (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Edna Durant

(b) Address: Centertown, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-9-46 (Month) (Day) (Year)

(c) Place: burial or cremation: Stringtown

18. (a) Signature of funeral director: Hugo H. Schubert

(b) Address: Russellville, Mo

19. (a) 11-7-46 (Date received local registrar) (b) R. C. Davis MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6 year 1946 hour 2 minute A.M.

21. I hereby certify that I attended the deceased from Nov. 2, 1946 to Nov. 6, 1946 that I last saw him alive on Nov. 6, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to: Hypertensive Cardio-

Due to: Vascular disease

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:
Of autopsy: 93D

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: J. A. Assman (M. D. or other) MD

Address: Jefferson City, Mo Date signed: 11-7-46

68 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11-21-46

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 Hugo H. Schabel

Licensed Embalmer No. 2320

P. O. Address Russellville, 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.