

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38370

State File No. _____

FILED DEC 8 1944

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 214

1. PLACE OF DEATH:

(a) County Moniteau Co.
(b) City or town California, Mo. Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Latham Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 11 Yrs (Specify whether years, months or days)
In this community 11 Yrs

3. (a) PRINT Col John Albert Paegelow
FULL NAME

3. (b) If veteran, name war World War #1 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elna B. Paegelow 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased May 9 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 13 If less than one day hr. min.

9. Birthplace 4 Berline Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Retired U.S. Army

11. Industry or business _____

12. Name Un Known

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

14. Maiden name Unknown

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

16. (a) Informant Elna B. Paegelow

(b) Address California, Mo.

17. (a) Burial (b) Date thereof Nov. 24. 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cemt. California

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo.

19. (a) 11-24-44 (b) [Signature]
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town California, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 102 South East St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22
year 1944 hour 4 minute 05 P.M.

21. I hereby certify that I attended the deceased from Nov 17
1944, to Nov 22 1944
that I last saw him alive on Nov 22 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac dilatation with pulmonary edema. Duration 5 days
Due to Chronic myocardial disease with hypertension.
Due to _____

Other conditions Prostatic Hypertrophy
(Include pregnancy within 3 months of death)

Major findings:
Of operations none 930
Of autopsy none

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? _____

While at work? _____ (Specify type of place) (e) Means of injury C

23. Signature Edgar A. Kibbe (M. D. or other)
Address California Mo Date signed 11/24/44

DEC 8 1944

RECEIVED

District Health Officer No. 91

District File Number

Date Filed 12-6-44

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 me
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Earl R. Boulton

Licensed Embalmer No.

2126

P. O. Address

Calistonia, 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.