

REC'D MAY 9 1938

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

13646  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Kear Primary Registration District No. 1002  
(c) City Kansas (d) Street No. 14 W. Mo Ave Registered No. 1626  
(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. In Paris St.

2. PRINT FULL NAME

(a) Residence, No. 1033 Jefferson St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Ruby Lee Ogan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 11 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as saw mill, bank, etc. Labour 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) Mo

FATHER 13. NAME Ben Ogan 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

MOTHER 15. MAIDEN NAME Do not know 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT (ADDRESS) Ruby Lee Ogan  
1033 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL PLACE Wadsworth MS DATE 4-18-38

19. FUNERAL DIRECTOR (ADDRESS) Parsons Bros  
15 C. Ave

20. FILED Apr 17, 1938 M.M. O'Connell  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-15-1938

22. I HEREBY CERTIFY, That I attended deceased from 1938 to 1938. I last saw him at the home on April 15, 1938. Death is said to have occurred on the date stated above, at 6 A. m. The principal cause of death and related causes of importance were as follows:

Crushing Injury of Chest  
Hypertensive Cardiac Lesion  
Date of onset

Other contributory causes of importance: 106 W. 5th

Name of operation Autopsy Date of 4-18-38  
What test confirmed diagnosis Autopsy Was there any autopsy?

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide. Date of injury 4-18-38  
Where did injury occur? at home (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fall into open basement  
Nature of injury Crushing Injury of Chest

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Russell W. Berry, M. D.  
361 (Address)

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.

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**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.)**