

REC'D MAY 22 1939

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

15488
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547
(b) Township Mason Primary Registration District No. 3029
(c) City Hannibal (d) Street No. Levering Hospital 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

235 William Russell Ogden
(a) Residence, No. 1814 Booker Street 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 9 3

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

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Missouri

13. NAME Emmett M. Ogden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Troy Missouri

15. MAIDEN NAME Adele Tucker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis County Missouri

17. INFORMANT (ADDRESS) Mrs. Ogden 1814 Booker

18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch Cem. DATE 4/17/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Smiths' Funeral Home Hannibal Missouri

20. FILED April 18, 1939 N. C. Shaker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3 2, 1939, to 4-15, 1939

I last saw him alive on 4-15, 1939. Death is said to have occurred on the date stated above, at 1:45 P.M.

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

Peritonitis

Date of onset 3-2-39

Other contributory causes of importance:

Appendicitis

Name of operation Appendectomy Date of 3-2-39

What test confirmed diagnosis sp Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

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

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

J. H. Carter M. D.
Hannibal Mo

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.

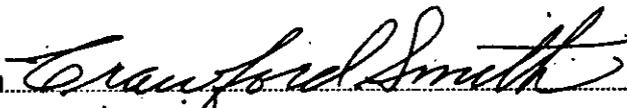
Social Security

Dr. Handwerker

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.....

..... J. J. Marsh L. E. 3932; Registered Apprentice No.
working under my personal supervision.

Signed..... 

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.