

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 32145Registration District No. 1052Primary Registration District No. 522Registrar's No. 1052

1. PLACE OF DEATH:

(a) County Holt
(b) City or town FOREST CITY RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)In this community 45 years
years, months or days3. (a) PRINT FULL NAME MARGARET JANE OGDEN8. (b) If veteran, name war _____ 8. (c) Social Security No. NO4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED6. (b) Name of husband or wife ANDREW J. OGDEN 6. (c) Age of husband or wife if alive 82 years7. Birth date of deceased JUNE 16 1867
(Month) (Day) (Year)8. AGE: Years 73 Months 2 Days 16
If less than one day _____ hr. _____ min.9. Birthplace FOREST CITY MO
(City, town, or county) (State or foreign country)10. Usual occupation HOUSEWIFE J11. Industry or business J12. Name M. NOLAND13. Birthplace OREGON MO
(City, town, or county) (State or foreign country)14. Maiden name C. OAK COZIER15. Birthplace BUCHANAN CO MO
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Goldie Alice Gallop(b) Address 2046 Titus Ave. Springfield17. (a) BENTON CEM (b) Date thereof 9-4-1940
(Burial, cremation, or entombment) (Month) (Day) (Year)(c) Place: burial or cremation BENTON CEMETERY18. (a) Signature of funeral director J. Ford Johnson(b) Address SAKANNAH MO19. (a) 9-4-40 (b) Janey 333
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HOLT(c) City or town FOREST CITY RURAL
(If outside city or town limits, write "RURAL")(d) Street No. 6 miles southeast of Forest City, Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2
year 1940 hour 10:30 minute _____ A. M.21. I hereby certify that I attended the deceased from July 30,
1940 to Sept. 2 1940that I last saw her alive on Aug 30 _____, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma
of metastasis to liver
Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

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 _____23. Signature Albert C. Harsco (M. D. or other) M.D.Address Forest City, MO Date signed Sept 3

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.....

M. Fred Turhune

Licensed Embalmer No.....

1279

P. O. Address.....

Savannah

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.