

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **11253**

FILED APR 21 1941

Registration District No. **502**

Primary Registration District No. **4305**

Registrar's No. **11**

1. PLACE OF DEATH:

(a) County **LINN**  
(b) City or town **MARCELINE MO**  
(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  
In this community **50 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **WILLIAM MITCHELL VOGT**  
8. (b) If veteran, name war **—** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Louisa Vogt** 6. (c) Age of husband or wife if alive **72** years  
7. Birth date of deceased **April 1 1859** (Month) (Day) (Year)

8. AGE: Years **86** Months **11** Days **22** If less than one day hr. min.

9. Birthplace **Philadelphia Penn** (City, town, or county) (State or foreign country)

10. Usual occupation **Line Repair R.R.**

11. Industry or business **Retired R.R.**

MOTHER FATHER { 12. Name **John Andrew Vogt**  
13. Birthplace **St. Louis Mo** (City, town, or county) (State or foreign country)  
14. Maiden name **Don't know**  
15. Birthplace **—** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **William E. Vogt**  
(b) Address **Marceline Mo.**

17. (a) **Burial** (b) Date thereof **3-25-41** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **mt Olivet**

18. (a) Signature of funeral director **Wm M Laughlin**  
(b) Address **Marceline Mo.**

19. (a) **3-24-41** (b) **Oliver Barnett** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Linn 58**  
(c) City or town **Marceline Mo** (If outside city or town limits, write "RURAL")  
(d) Street No. **103 W Walker** (If rural, give location)  
(e) If foreign born, how long in U. S. A. **0** years

1941 MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **March**, day **23** year **3** hour **35** minute **P.M.**

21. I hereby certify that I attended the deceased from **FF** 19**38** to **March 23**, 19**41**; that I last saw him alive on **March 23**, 19**41**; and that death occurred on the date and hour stated above.

Immediate cause of death **Obstruction left popliteal art**  
Due to **arteriosclerosis**

Due to **—**

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations **—** Of autopsy **—**

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?

**451** While at work? (Specify type of place) (e) Means of injury

23. Signature **W B Putman** (M. D. or other) **MD**  
Address **Marceline Mo** Date signed **3/24/41**

Duration **5 da**  
**20 yrs**  
PHYSICIAN **—**  
Underline the cause to which death should be charged statistically

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**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.....

Licensed Embalmer No. 4088

P. O. Address Marceline 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, above space should be left blank.**