

FILED JUN 12 1941

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

18458

Do not use this space. 10

## 1. PLACE OF DEATH

(a) County Monteau Registration District No. 571  
 (b) Township Walker Primary Registration District No. 4035 Registered No. 33  
 (c) City California or (d) Street No. 1 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

SAMUEL E. OGLESBY  
 (a) Residence, No. \_\_\_\_\_ 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 Lena S. Oglesby  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1-1868  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
73 1 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer  
 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. 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson County

FATHER 13. NAME John S. Oglesby  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Lena S. Oglesby  
Knobnoster rd

18. BURIAL, CREMATION, OR REMOVAL PLACE Knobnoster DATE 5-28 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) B. J. Park  
de Monte

20. FILED 5-27 1941 H. B. Popejoy Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25 1941  
 22. I HEREBY CERTIFY, That I attended deceased from May 10 1941 to May 25 1941  
 I last saw him alive on May 25 1941. Death is said to have occurred on the date stated above, at 11:45 a.m.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach  
Duration 6 mo. before 1940  
Contributory  
 Other contributory causes of importance:  
Nephritis. Cause of type unknown.

Date of onset

about  
dec.  
1940

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ 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) L. L. Latham, M. D.  
56 (Address) California mo.

**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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte 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.**