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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1942

Registration District No. 299

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5330

Primary Registration District No. 1002

Registrar's No. 734

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Jackson

(a) County

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: K.C.General Hospital No.1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days (Specify whether
In this community 20 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 606 West 17th St.
(If rural, give location) 0

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

3. (a) PRINT FULL NAME WILLIAM FOGLE

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Sarah Fogle

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. (Month) 21 (Day) 1867 (Year)

8. AGE: Years 74 | Months 4 | Days 27 | If less than one day hr. min.

9. Birthplace Virginia (City, town, or county) 1 (State or foreign country)

10. Usual occupation R.R. Engineer

11. Industry or business

FATHER
12. Name Wade Fogle
13. Birthplace Virginia (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Record Clerk
(b) Address K.C. General hosp.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-42 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Weilert F. Home
(b) Address K.C. Mo.

19. (a) 2/23/42 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18th
year 1942 hour 12 minute 52 P. M.

21. I hereby certify that I attended the deceased from 1-31-42, 19__, to 2-18-42, 19__;
that I last saw him alive on 2-18-42, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Benign prostatic hypertrophy with urinary retention and arteriosclerotic

Due to heart disease

Due to 92 H

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

Duration

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Emery R. Thom (M. D. or other)
Address Med.Dir.K.C.Gen.Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Blaine E. Weiler

Licensed Embalmer No. 4025

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.