

FILED JAN 11 1948 3

Registration District No. 703

Primary Registration District No. 3031

Registrar's No. 67

50
22
22
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town DeSoto
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
901 N. Fifth
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community 6 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town DeSoto
(If outside city or town limits, write "RURAL")
(d) Street No. 901 N. Fifth
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME DILLY OGLE

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Christine Martin 6. (c) Age of husband or wife if deceased at years
7. Birth date of deceased Jan. 25, 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 23 If less than one day hr. min.

9. Birthplace Hillsboro Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Ret. Farmer

11. Industry or business

MOTHER FATHER { 12. Name DeLayfaette Ogle
13. Birthplace ? ? 9
(City, town, or county) (State or foreign country)
14. Maiden name Sally Stroupe
15. Birthplace ? Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Sid Wall
(b) Address 901 N. 5th St DeSoto Mo
17. (a) Burial (b) Date thereof Dec. 20, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation DeSoto (City)

18. (a) Signature of funeral director Lee Mothershead
(b) Address DeSoto, Mo.
19. (a) 12-23-48 (b) Stew Spencer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18 year 1948 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 1st 1948, to Dec 18 1948 that I last saw him alive on Dec 17 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Solar gangrenous - 7 wks.
Due to gangrene R foot - 6 mo
Due to Leg infection of R foot - 2 wks
Other conditions (include pregnancy within 3 months of death)
108

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? _____

(Specify type of place)
While at work _____ (c) Means of injury _____
23. Signature J. A. Elders (M. D. or other) M.D.
Address De Soto Mo Date signed 12/21/48

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

J. E. Mothershead

Licensed Embalmer No. *3531*

P. O. Address. *Desoto riv*

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, fact should be so stated above.