

S. No. 2
M-1-4-41
v. 5-17-39
I X 2359

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13762

State File No. _____

MAY 13 1943

42

Primary Registration District No. 1000

Registrar's No. 461

1. PLACE OF DEATH:

(a) County BUCHANAN

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

(c) Name of hospital or institution: MO. METHOD HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County RAY

(c) City or town RURAL ORRICK TOWN
(If outside city or town limits, write "RURAL")

(d) Street No. 5 MILES N E ORRICK MO
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MARTHA LOUISA OGG

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27th day April
year 1943, hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from 4/23 - 1943 to 4/27 - 1943
that I last saw her alive on 4/27/43 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife J. FRANK OGG

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased: FEB (Month) 6 (Day) 1872 (Year)

Immediate cause of death Coronary occlusion

Due to Arterio Sclerotic Malumant Uterus

Due to _____

Other conditions 488
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>2</u>	<u>22</u>	hr. _____ min. _____

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

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

MOTHER FATHER

12. Name CLERY BROWN

13. Birthplace RAY COUNTY (City, town, or county) Mo (State or foreign country)

14. Maiden name ANGELINE CONYERS

15. Birthplace RAY COUNTY (City, town, or county) Mo (State or foreign country)

16. (a) Informant GERALD OGG

(b) Address ORRICK MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 30 1943 (Month) (Day) (Year)

(c) Place: burial or cremation BROWNEMET - ORRICK MO

18. (a) Signature of funeral director BRADSON FUNERAL HOME

(b) Address Orrick, Mo.

19. (a) 4-30-43 (Date received local registrar) (b) Rose Heagy (Registrar's signature)

Major findings: Of operations None

Of autopsy NO

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 B B Simmons (M. D. or other) _____

Address Ray Mo Date signed 4/27/43

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

1233

(Licensed Embalmer's Statement on Reverse Side)

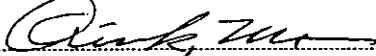
MAR 8 1948

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. 4137

P. O. Address.....

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.