

FILED SEP 9 1943  
 Registration District No. 232

Primary Registration District No. 5812

Registrar's No. 9

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

1. PLACE OF DEATH:  
 (a) County Montgomery  
 (b) City or town Middleton (Rural)  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Prairie View  
 (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 Missouri (b) County Montgomery  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Miles Ogden  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Aug. day 24th  
 year 1943 hour 9 minute 150 M.

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Demora Ogden 6. (c) Age of husband or wife if alive 62 years  
 7. Birth date of deceased. Dec 15 1881  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 22nd 1943  
 1943 to Aug 28th 1943  
 that I last saw him alive on Aug 28th 1943  
 and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months 8 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Coronary Thrombosis  
 Due to Chronic Intestinal Obstruction  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations 13/a  
 Of autopsy \_\_\_\_\_

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

10. Usual occupation Farmer  
 11. Industry or business Farmer

MOTHER FATHER  
 12. Name Benjamin Franklin Ogden  
 13. Birthplace Mo  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Elizabeth Allen Judd  
 15. Birthplace Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant Demora Ogden  
 (b) Address Middleton Mo  
 17. (a) Burial (b) Date thereof \_\_\_\_\_  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Wellsville Mo

18. (a) Signature of funeral director Walter J. Huber  
 (b) Address Middleton Mo  
 19. (a) Aug 26, 1943 (b) Mrs. Aurella Holt  
 (Date received local registrar) (Registrar's signature)

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 0

23. Signature A. J. ... (M. D. or other) \_\_\_\_\_  
 Address Middleton Mo Date signed 8/25/43

1304

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. 3059  
P. O. Address, Wellsville, Pa.

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.