

FILED AUG 2, 1944

Registration District No. 345

Primary Registration District No. 6162

Registrar's No.

1. PLACE OF DEATH:

(a) County Starr Co.  
(b) City or town Reeds Spring - mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Ruth Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution about 45 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stone 104  
(c) City or town Reeds Spring  
(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 0

3. (a) PRINT FULL NAME

Archie Andrew Ogle

(b) If veteran, name war no

(c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7th, day 23, year 1944 hour 5 a.m. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 7-21-44, 19\_\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_\_; that I last saw him alive on 7-21-44, 19\_\_\_\_\_; and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race wh 6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife Rosa Ogle 6. (c) Age of husband or wife if alive 25 years  
7. Birth date of deceased July 25 1869  
(Month) (Day) (Year)

Immediate cause of death Senility and innervation

8. AGE: Years 83 Months 11 Days 24 If less than one day hr. min.

Due to \_\_\_\_\_

9. Birthplace Nashville Tenn (City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

10. Usual occupation minister

Other conditions (include pregnancy within 3 months of death)

11. Industry or business

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

12. Name Elijah Ogle  
13. Birthplace Tenn (City, town, or county) (State or foreign country)  
14. Maiden name Marah Connor  
15. Birthplace Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Jaynes Ogle

(b) Address Joplin, Mo

17. (a) burial (b) Date thereof 7-24-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yalumba Park

18. (a) Signature of funeral director Everett J. Cheatham

(b) Address Galena, Mo

19. (a) July 31 - 1944 (b) Ernest White  
(Date received local registrar's) (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 W.P. Cottrell (M. D. or other) \_\_\_\_\_

Address Reeds Spring, Mo. Date signed \_\_\_\_\_

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

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**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..... *Eurett J. Cheatham* .....  
Licensed Embalmer No..... *3870* .....  
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.**