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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 10 1944**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34647

State File No. \_\_\_\_\_

Registration District No. 181

Primary Registration District No. 5695-

Registrar's No. 28

1. PLACE OF DEATH:

(a) County LINCOLN  
(b) City or town ELSBERRY RURAL  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82  
(c) City or town Eolia Rural 0  
(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 ANNA VIRGINIA OGDEN

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) ~~Single, widowed, married,~~ divorced  
6. (b) Name of husband ERNEST OGDEN 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 21 - 1888  
(Month) (Day) (Year)

8. AGE: Years 58 Months 6 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

12. Name J. W. HOPKINS

13. Birthplace JENN. (City, town, or county) (State or foreign country)

14. Maiden name MARTHA FRANCES LAWSON

15. Birthplace VA. (City, town, or county) (State or foreign country)

16. (a) Informant ERNEST OGDEN

(b) Address ELSBERRY MO

17. (a) \_\_\_\_\_ (b) Date thereof Oct 14 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ELSBERRY CEM.

18. (a) Signature of funeral director Clifton Mills

(b) Address Eolia, Mo

19. (a) Nov 6 1944 (Date received local registry) (b) D. G. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12th  
year 1944 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from October 1st, 1944, to Oct. 12, 1944;  
that I last saw her alive on October 11, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver involving biliary tract.  
Probably primary!

Duration 6 mo.

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify site of place) (e) Means of injury \_\_\_\_\_

23. Signature Donald G. Hazzard (M. D. or other) D.O.

Address Eolia, Missouri Date signed 10-13

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

700

1193

(Licensed Embalmer's Statement on Reverse Side)

1944.

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 11-8-44

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 Oct 12-1944

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Clifton Miller

Licensed Embalmer No. 3364

P. O. Address Elsham, Md.

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.