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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 19 1944

Registration District No. 208

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4320

State File No. 34768

Registrar's No. 55

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

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: 118 W. Jackson (If not in hospital or institution, write street number or location)

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

In this community 2 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

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

(d) Street No. 118 W. Jackson (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Kate Emma Mogk

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Edward Mogk

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

7. Birth date of deceased April (Month) 19 (Day) 1870 (Year)

8. AGE: Years 74 Months 5 Days 7 If less than one day hr. min.

9. Birthplace Palmyra (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name William Martin
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name No record
15. Birthplace No record (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Clara Fogle

(b) Address Palmyra, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/29/44 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Lewis Brad

(b) Address Palmyra, Mo.

19. (a) 9/28/44 (Date received local registrar) (b) Mrs Margaret Middle Deputy (Registrar's signature)

1145

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 26 year 1944 hour 11 minute 45 P M.

21. I hereby certify that I attended the deceased from July, 1944, to Sept 27, 1944 that I last saw her alive on Sept, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Dementia — Duration 6 mths

Due to

Due to

84 d

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature T. G. Rosella (M. D. or other)

Address Palmyra Mo Date signed 9-27-44

(Licensed Embalmer's Statement on Reverse Side)

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 Leo B. Lewis

Licensed Embalmer No. 2382

P. O. Address Palmyra Mo.

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.