S. No. 2
M—2-43
. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

15963

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17082

Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 36

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Hematite Mo. R.F.D. #1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 50

(a) State Missouri (b) County Jefferson

(c) City or town Hematite Mo. R.F.D. #1 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME John R. Ogle

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura Goodman 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased May (Month) 15 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	0	10	..... hr. ..... min.

9. Birthplace Zion Mo. (City, town, or county) Jefferson Co. Mo. (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business .....

FATHER
12. Name Elbert Ogle
13. Birthplace Jefferson Co (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Nancy Whitehead
15. Birthplace Jefferson Co (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Freeman Ogle
(b) Address Hematite Mo. R.F.D. #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-28-46 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Festus Methodist Cem.

18. (a) Signature of funeral director H. S. Vinyard
(b) Address Festus Mo.

19. (a) May 29 1946 (Date received local registrar) (b) Cleora Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1946 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 25, 1946, to May 25, 1946
that I last saw him alive on May 11, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	10 min.
Due to: Coronary disease	2 mos +
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? —
(Specify type of place)

While at work? — (e) Means of injury (F)

23. Signature John F Rutledge (M. D. or other) M.D.
Address Crystal City Mo. Date signed 5-26-46

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(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.....

Licensed Embalmer No. 3010

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.