

S. No. 2
M-5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
2 1946 STANDARD CERTIFICATE OF DEATH

25563

FILED JUL 2 1946
Registration District No. 199 Primary Registration District No. 1002 State File No. 2762 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo.
(c) Name of hospital or institution: St. Joseph Hospital
(d) Length of stay: In hospital or institution 8 days
In this community 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Ray
(c) City or town Henrietta
(d) Street No.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Vogt, Gennis
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 19 year 46 hour 4 minute 05 P. M.
21. I hereby certify that I attended the deceased from June 11 to June 19, 1946
that I last saw him alive on June 19, 1946 and that death occurred on the date and hour stated above.

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced, unknown
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive 18.62 years
7. Birth date of deceased July 18 1862

Immediate cause of death: Pneumonia, typhoid
Duration: 5 days

8. AGE: Years 83 Months 11 Days 11

Due to: 1862-5
Other conditions: (Include pregnancy within 3 months of death) 18

9. Birthplace Unknown
10. Usual occupation Unknown

Major findings: Fracture of hip
Of operations: No.
Of autopsy: No.

11. Industry or business Unknown
12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

22. If death was due to external causes, fill in the following:
(a) accident, suicide, or homicide (specify) Fall off porch
(b) Date of occurrence June 9th, 1946
(c) Where did injury occur? Henrietta, Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes, Fall off porch
While at work? No (e) Means of injury fall
23. Signature A. Lewis Hess (M. D. or other)
Address 1207 Falls 23rd g Date signed 6/14/46

16. (a) Informant Mrs. Gennis Vogt
(b) Address Henrietta, Mo.
17. (a) Burial (b) Date thereof June 21, 1946
(c) Place: burial or cremation Henrietta, Mo.
18. (a) Signature of funeral director Thurman Funeral Home
(b) Address Richmond, Mo.
19. (a) 6-20-46 (b) Geraldine Holmes

REC-18-1000

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..... *E. Thurman*
by Leonard Thurman
Licensed Embalmer No..... *2073*

P. O. Address..... *Richmond, 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.