

FILED JUN 24 1946

Registration District No. 182

Primary Registration District No. 5681

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Rural
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Grantsville Twp. (Rural)
(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 Margaret Ann Ogle

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 Married

6. (b) Name of husband or wife Ed Ogle 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 11 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 5 29 hr. min.

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

10. Usual occupation At home

MOTHER FATHER { 11. Industry or business _____
12. Name Thomas Armstrong
13. Birthplace xxxxxx Canada
(City, town, or county) (State or foreign country)
14. Maiden name Jean Laing
15. Birthplace xxxxxx Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jennie Hargadone

(b) Address Brookfield, Missouri

17. (a) Burial (b) Date thereof 5/13/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Purdin Cemetery

18. (a) Signature of funeral director Thorne Undt, Co.

(b) Address Linneus, Mo. (D. Taylor)

19. (a) May 16, 1946 (b) Mrs. Budie Kelly
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th
year 1946 hour 11:50 minute P. M.

21. I hereby certify that I attended the deceased from 4/26, 1946, to 5/8, 1946
that I last saw him alive on 5/8, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocardial infarction
Duration _____

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? 2

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) 20
Address Linneus, Mo 5/13 Date signed

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

1946

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..... *Dave A. Taylor*
Licensed Embalmer No..... *3761*
P. O. Address..... *Linneus, 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.