

FILED OCT 11 1946 STANDARD CERTIFICATE OF DEATH

State File No. **30792**

Registration District No. **160**

Primary Registration District No. **5592**

Registrar's No. **71**

1. PLACE OF DEATH:

(a) County Jefferson
 (b) City or town Hematite 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

3. (a) PRINT FULL NAME

Glen Elbert Ogle

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased September 6 1946
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation

11. Industry or business

12. Name Newman Ogle
 13. Birthplace Hematite Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Margaret R. Vogt
 15. Birthplace Riverside Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Newman Ogle
 (b) Address Hematite Mo.
 17. (a) Burial (b) Date thereof 9-9-1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hematite Mo.

18. (a) Signature of funeral director F. S. Ungard
 (b) Address Festus Mo.
 19. (a) Sept 9 1946 (b) Alfred Brown
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
 (c) City or town Hematite 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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 9
 year 1946 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from 9-6-46 to 9-9-46, 1946,
 that I last saw her alive on 9-9-46, 1946,
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Duration 10 hrs.
 Due to Unknown

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations none
 Of autopsy none

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 type of place) (e) Means of injury 0
 23. Signature A. H. Reynolds (M. D. or other) M.D.
 Address Crystal City, Mo. Date signed 9-9-46

142

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

2
45
39
47070

Date Filed 10-10-46

District File Number

District Health Officer No. 9,

RECEIVED

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 [Signature]

Licensed Embalmer No. 3010

P. O. Address [Signature]

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.