

FILED NOV 25 1946

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5796

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Menorah Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 1/2 weeks
(Specify whether _____)
In this community 64 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 5611 Forest 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

George VOGL

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Elizabeth Brown Vogl
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 22, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 6 21 hr. min.

9. Birthplace Vienna - Austria
(City, town, or county) (State or foreign country)

10. Usual occupation Stone Wk. Tool Mfg.

11. Industry or business Owner

MOTHER FATHER

12. Name George Vogl

13. Birthplace --- Austria
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace --- Austria
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Joseph F. Vogl

(b) Address 6306 Morningside, K.C., Mo.

17. (a) Burial (b) Date thereof 11-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Melody McGilley-Eyler

(b) Address Kansas City, Missouri

19. (a) 11-13-46 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13
year 1946 hour 2 minute A.

21. I hereby certify that I attended the deceased from Jan 1, 1946
1 to Nov 13, 1946
that I last saw him alive on Nov 13, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery disease

Due to with myocardial infarction

Other conditions decomposition
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 932

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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? _____ (c) Signs of injury _____

23. Signature W. Morris Tustep (M. D. or other) _____
Address 420 Prof. Bldg. Date signed 11-13-46

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

L. H. Stenberg.
This P.M. - Prof. Body,
430

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.....

E. Dean Cole

....., Registered Apprentice No.....

408

working under my personal supervision.

Signed.....



..... Licensed Embalmer No.....

2209

P. O. Address.....

KC

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.