

FILED OCT 21 1947

Registration District No. **73**

Primary Registration District No. **5291**

Registrar's No. **69**

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

1. PLACE OF DEATH:

(a) County **S. Jay**

(b) City or town **Liberty Mo**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Gray Co Home 5**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 years**
(Specify whether years, months or days)

In this community **4 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **KNEEL YOGEL**

3. (b) If veteran, name war **✓**

3. (c) Social Security No. **2**

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

6. (b) Name of husband or wife **divorced** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **June 11 1885**
(Month) (Day) (Year)

8. AGE: Years **62** Months **4** Days **0** If less than one day **hr. min.**

9. Birthplace **Holland**
(City, town, or county) (State or foreign country)

10. Usual occupation **laborer**

11. Industry or business

MOTHER FATHER { 12. Name **Renee Vogel**

13. Birthplace **Holland**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. W.A. Hatfield**

(b) Address **Liberty Mo. Rt 2**

17. (a) **Burial** (b) Date thereof **10/15/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Liberty Mo**

18. (a) Signature of coroner **James Green**

(b) Address **Liberty Mo**

19. (a) **Oct 13, 1947** (b) **Annie Hayes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Clay 24**

(c) City or town **Kearney Mo**
(If outside city or town limits, write "RURAL")

(d) Street No. **none**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **11** year **1947** hour **12** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Oct 2**, 1947, to **Oct 12**, 1947; that I last saw him alive on **Oct 12**, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombus**

Duration **24 hours**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations **all**

Of autopsy

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? (a) Means of injury

23. Signature **Wm. G. Adams** (M. D. or other)

Address **Liberty Mo** Date signed **10-17-47**

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

John P. Sanborn

Licensed Embalmer No. *4448*

P. O. Address: *Liberty 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.