

S. No. 2
M-5-43
7.5-17-39
X 36671

State File No.

FILED OCT 27 1947
Registration District No. 279

Primary Registration District No. 4415-

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Clark

(b) City or town Clarksville
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Polk 82

(c) City or town Clarksville
(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 Willie Busk Ogden

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Caucasian

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 Don't know
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20th year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>Abour 80</u>			hr. _____ min. _____

Immediate cause of death Heart Coronary thrombosis Duration _____

Due to _____

Due to _____

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

9. Birthplace Clarksville Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER {

12. Name Francis Ogden 9

13. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ogden

15. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Sarah Rancello

(b) Address Clarksville Mo

17. (a) Burial (b) Date thereof 10 21 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Harry Carroll

(b) Address Clarksville Mo

19. (a) 10-25-47 (b) Bude Rickard
(Date received local registrar) (Registrar's signature)

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? 3

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature S. A. Goodin Bauer
(M. D. or other) _____

Address Clarksville Mo date signed 10.25.47

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

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 Oct. 26-1947

....., Registered Apprentice No.....
working under my personal supervision.

Signed Clifton Miller

Licensed Embalmer No. 3364

P. O. Address Elsberry, Md

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.