

FILED DEC 12 1947

Primary Registration District No. **3043**

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

1. PLACE OF DEATH:

(a) County **Mississippi**  
(b) City or town **Charleston**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **107-A West Commercial St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **51 years**  
(Specify whether years, months or days)  
In this community **51 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Mississippi**  
(c) City or town **Charleston**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **107-A. West Commercial St**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Charles Parish Bogert**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **Not Known**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Mary Ellen Bogert**  
6. (c) Age of husband or wife if alive **76** years  
7. Birth date of deceased **January 31, 1870**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**77 9 18** hr. min.

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

10. Usual occupation **Retired Railroad man**

11. Industry or business **None**  
12. Name **Albert C. Bogert**

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

14. Maiden name **Jennie Singleton**

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

16. (a) Informant **Dr. R. R. Bogert**  
(b) Address **East Prairie, Missouri.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11-21-1947**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **I.O.O.F. Cemetery, Charleston, Mo.**

18. (a) Signature of funeral director **John J. Spinnick**  
(b) Address **Charleston, Missouri.**

19. (a) **12-6-47** (Date received local registrar) (b) **Mrs. Jean Bondurant** (Registrar's signature) (c) **1947** (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **19th**  
year **1947** hour **10:00** minute **40** A.M.

21. I hereby certify that I attended the deceased from **Nov 16 1947** to **Nov 19 1947**  
that I last saw him alive on **Nov 19 1947**  
and that death occurred on the date and hour stated above:

Immediate cause of death **Ventricular Fibrillation** Duration **D.K.**

Due to **Myocarditis** D.K.

Other conditions **None**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **None** Of autopsy **None** PHYSICIAN **—**  
Underline the cause of 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?..... (e) Means of injury.....  
23. Signature **E. H. Spinnick** (M. D. or other) Address **Charleston, Mo.** Date signed **11/29/47**

MISSISSIPPI

RECEIVED

District Health Office No. 2,

District File Number 1242-1555

Date Filed 12-8-47

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 Joe P. Ninnelle

Licensed Embalmer No. 4413

P. O. Address Charleston, 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.