

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

1848  
 Do not use this space.

1. PLACE OF DEATH  
 (a) County Callaway Registration District No. 104  
 (b) Township or City Fulton Primary Registration District No. 3008 Registered No. 5  
 (c) City Fulton (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna Ogden  
 (a) Residence, No. Jefferson City Mo. 307 Broadway (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow  
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5, 1869  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
70 5 28  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana  
 13. NAME Levi Stanchish  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana (Washington)  
 15. MAIDEN NAME Emma Martin  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana  
 17. INFORMANT (ADDRESS) Hosp Records State Hosp # Fulton  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Salon, Indiana DATE Jan 3, 1940  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Home of Order Jefferson City Mo.  
 20. FILED Jan 3, 1940 A. N. Crave Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3, 1940  
 22. I HEREBY CERTIFY that I attended deceased from June 14, 1937, to Jan 3, 1940  
 I last saw him alive on Jan 2, 1940. Death is said to have occurred on the date stated above, at 3:20 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Empyema  
 Date of onset 12-31-39  
 Other contributory causes of importance: Involuntarily melancholic Insipient  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Culture & x-rays Was there an autopsy? Yes  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) George W. Ferguson, M. D.  
166 (Address) State Hosp # 1 Fulton Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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.....

*Ferd P. Dulle*

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

working under my personal supervision.

Signed.....

*Ferd P. Dulle*

Licensed Embalmer No. *3890*

P. O. Address *Jefferson City 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, above space should be left blank.**