

FILED MAR 11 1940

Registration District No. 420

Primary Registration District No. 5574

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

1. PLACE OF DEATH:

(a) County Jefferson  
(b) City or town Amatite Rural (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) 2  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) 69 yr 10 mo 22 da

3. (a) PRINT FULL NAME SUSAN BELLE OGLE

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

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

6. (b) Name of husband or wife Harry Ogle 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 14 1870 (Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 22 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Amatite R.F.D. Mo. O (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Robert Richardson

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

14. Maiden name Elizabeth Williams

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

16. (a) Informant Jessie Ogle

(b) Address Amatite St. 1

17. (a) Victoria (Rural) (b) Date thereof Feb. 9 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Victoria Cemetery

18. (a) Signature of funeral director Donnell B. Dietrich

(b) Address DeSoto Mo.

19. (a) 3-8-40 (b) Jessie Ogle (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson  
(c) City or town Amatite (Rural) (If outside city or town limits, write "RURAL")  
(d) Street No. 1 1/2 mi. S.E. of Victoria Mo (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6 year 1940 hour 9 minute 30 p.m.

21. I hereby certify that I attended the deceased from Feb. 4 1940, to Feb 6 1940, that I last saw her alive on Feb. 1 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the uterus Duration unknown

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions metastasis with hemorrhage (Include pregnancy within 3 months of death) unknown

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Walter E. Schindler (M. D. or other) \_\_\_\_\_

Address DeSoto Mo. Date signed 2/8/40

**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 James B. Dethlefsen

Licensed Embalmer No. 7104

P. O. Address Adelphi 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.**