

12047

State File No. _____

FILED APR 8 1940
689

Registration District No. _____

Primary Registration District No. 3033

Registrar's No. _____

1. PLACE OF DEATH:

(a) County PIKE

(b) City or town LOUISIANA MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 2300 GEORGIA ST
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community ENTIRE LIFE
years, months or days 23.5

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PIKE

(c) City or town LOUISIANA MO
(If outside city or town limits, write "RURAL")

(d) Street No. 2300 GEORGIA ST.
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME EDWARD LEE OGDEN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 22 year 1940 hour 4:30 minute _____ P.M.

4. Sex MALE 5. Color or race WHITE

6. (a) Name of husband or wife KATHRYN OGDEN (c) Age of husband or wife if alive 74 years

7. Birth date of deceased MARCH 4 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 15 1940 to March 22 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Duration _____

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

9. Birthplace PIKE CO MISSOURI
(City, town, or county) (State or foreign country)

Due to Angina Pectoris

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94-11

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER

12. Name HENRY T OGDEN

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

14. Maiden name ELIZA HOBSON

15. Birthplace _____
(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's own signature Mrs John Duncan

(b) Address Louisiana Mo.

17. (a) BURIAL (b) Date thereof MARCH 24 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DOVER CEMETERY

18. (a) Signature of funeral director W. F. Suda

(b) Address Louisiana Mo

19. (a) 3-27-40 (b) W. F. Suda
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. H. Miller (M. D. or other) _____

Address Louisiana Mo Date signed 3-23-40

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

1 X 13511

RECEIVED

District Health Officer No. 10

District File Number 4-40-717

Date Filed APR 3 1940

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.....

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

Signed Harold Garner

Licensed Embalmer No. 3720

P. O. Address Louisiana

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.