S. No. 2
—11-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33358

Registration District No. 875 Primary Registration District No. 3039 Registrar's No. 225

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

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: 824 N. Adams (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community 42 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon

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

(d) Street No. 824 N. Adams (If rural, give location)

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

3. (a) PRINT FULL NAME John William Oglevie

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cora Oglevie

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Jan (Month) 17, (Day) 1859 (Year)

8. AGE: Years 81 Months 7 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Story Co (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name John W. Oglevie
13. Birthplace Unknown (City, town, or county) Ind (State or foreign country)

MOTHER
14. Maiden name Lydia Ballard
15. Birthplace Unknown (City, town, or county) Ind (State or foreign country)

16. (a) Informant Ruby E Anderson

(b) Address 412 N W 6 Abilene Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/1/40 (Month) (Day) (Year)

(c) Place: burial or cremation Newton Cemetery

18. (a) Signature of funeral director Ferry Funeral Home

(b) Address Nevada, Mo

19. (a) 9-5-40 (Date received local registrar) (b) Allen V Hayes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29 year 1940 hour 2 minute 00 p M.

21. I hereby certify that I attended the deceased from May 19, 1939, to Aug. 29, 1940 that I last saw him alive on Aug. 29, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia duration about 10 days

Due to Cerebral hemorrhage about

Due to 14 months

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

Major findings: Of operations —

Of autopsy —

Duration

PHYSICIAN

Underline the cause to 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? 105 (Specify type of place)

While at work? (e) Means of injury

23. Signature H. W. Lane [illegible] (M. D. or other)

Address Nevada Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 10-14-1428
Date Filed 10-8-40

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~~ [illegible]

[illegible], Registered Apprentice No. [illegible]

working under my personal supervision.

Signed Lloyd R. Winnett

Licensed Embalmer No. 3857

P. O. Address Nevada, 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.

cause of death as on certificate

FILED OCT 16 1940

Bronchial Pneumonia

duration about 10 days

cerebral hemorrhage - about

14 months.

H. W. Lancaster M.D.

S-33358