

No. 2  
1-10-39  
17-39  
X21492

FEB 18 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1084

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 44

**1. PLACE OF DEATH:**  
 (a) County Jackson  
 (b) City or town Kansas City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 2510 E. 59th  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 (Specify whether  
 In this community 15 years (years, months or days)

3. (a) PRINT FULL NAME OGG, GLENN Josselyn  
 3. (b) If veteran, Ogg, Glenn Josselyn Social Security  
 name war no No. 486-05-7780

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, married  
 6. (b) Name of husband or wife Helen L. Ogg 6. (c) Age of husband or wife if alive 25 years  
 7. Birth date of deceased May 17-1910  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
30 7 16 hr. min.

9. Birthplace Siloam Springs Ark  
 (City, town, or county) (State or foreign country)

10. Usual occupation Advertising Clerk

11. Industry or business

12. Name Samuel B. Ogg

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

14. Maiden name Emma Josselyn

15. Birthplace Knobstown Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant Helen L. Ogg

(b) Address 2510 E 59th

17. (a) Burial (b) Date thereof 1-6-1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Suddleworth  
 (b) Address 690 S. Street KC Mo  
Jan 5, 1941

19. (a) Jan 5, 1941 (b) M. M. Crowe  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2510 E 59th  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. American years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 3-71  
 year hour minute 12:18 P.M.

21. I hereby certify that I attended the deceased from Deputy Coroner  
 that I last saw him alive on 19 19;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Death by Strangulation  
Hanging 1640  
 Due to

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) Suicide  
 (b) Date of occurrence 12-1-3-41  
 (c) Where did injury occur? 1500 Jackson Mo  
 (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 Suddleworth (M. D. or other) 3  
 Address Date signed

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

**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 Howard J. Rol

Licensed Embalmer No. 2748

P. O. Address 1324 E. 36

**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.**