

No. 2
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X21492

FILED MAY 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13625
Registrar's No. 1606

Registration District No. 399

Primary Registration District No. 602

1. PLACE OF DEATH:

(a) County Ypselon
(b) City or town Ransomville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4015 Baltimore
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months
In this community 4 months
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Nathaniel Ogan
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Sept 18 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 5
If less than one day hr. min.

9. Birthplace Meadvilla Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John K. Ogan
13. Birthplace Meadvilla Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Meadvilla Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. S. W. Beach
(b) Address 4015 Baltimore

17. (a) Removal (b) Date thereof 4-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Meadvilla Mo.

18. (a) Signature of funeral director Evelyn B. Brunel
(b) Address 1416 Main Ave.

19. (a) 4-23-41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 38
(c) City or town Meadvilla
(If outside city or town limits, write "RURAL")
(d) Street No. R. 7, D. #1
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1941 hour 7:15 P.M. minute — M.
21. I hereby certify that I attended the deceased from March 19, 1941
19— to April 23, 1941;
that I last saw him alive on April 23, 1941, 19—;
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion Duration 10 days.

Due to chronic myocarditis 10 yr.

Due to arteriosclerosis

Other conditions: 92 1/2
(Include pregnancy within 3 months of death)

Major findings: Of operations none 93 1/2

Of autopsy none

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?

While at work? _____ (Specify type of place)
(a) Means of injury 1

23. Signature M. B. Casel (M. D. or other) no
Address 329 Westlake Ave. L. ex 443/41

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 O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Kansas City, Kansas

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.