

8. No. 2  
-11-10-39  
5-17-39  
I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUN 19 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18050

Registration District No. 396

Primary Registration District No. 5552

Registrar's No.

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Sibley Rural  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X  
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri  
(b) County Jackson  
(c) City or town Sibley R.R. #1  
(If outside city or town limits write "RURAL")  
(d) Street No. X  
(e) If foreign born, how long in U. S. A. No 0 years

3. (a) PRINT FULL NAME ANDREW JACKSON BOGART  
3. (b) If veteran, name war.  
3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 24  
year 1941 hour 10 minute 50 P. M.  
21. I hereby certify that I attended the deceased from Dec 10th 1940 to May 24 1941;  
that I last saw him alive on May 22 1941;  
and that death occurred on the date and hour stated above.

4. Sex M. O  
5. Color or race Wh.  
6. (a) Single, widowed, married, divorced M.  
6. (b) Name of husband or wife Mrs. Margaret Bogart  
6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased 3-3-1869

Immediate cause of death Pulmonary Tuberculosis  
Due to  
Due to  
Other conditions  
(Include pregnancy within 3 months of death)

8. AGE: Years 72 Months 2 Days 21  
If less than one day X hr. X min.  
9. Birthplace near Orick - Ray Co. Mo. O  
(City, town, or county) (State or foreign country)  
10. Usual occupation farmer

Major findings:  
Of operations none  
Of autopsy none  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business farming  
12. Name Alvin Bogart  
13. Birthplace Ky 1  
14. Maiden name Mary Gambill  
15. Birthplace Ky 1  
16. (a) Informant Norman Bogart  
(b) Address Sibley Missouri  
17. (a) Burial, cremation, or removal Business (b) Date thereof May 24/41  
(c) Place of burial or cremation SIX MILE CEM.  
18. (a) Signature of funeral director W. M. Reppert  
(b) Address Buckner Missouri  
19. (a) 5-26-41 (b) John W. Robertson

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
358 While at work? (Specify type of place) (e) Means of injury  
23. Signature John W. Robertson (M. D. or other)  
Address Buckner Mo. Date signed 5-26-41

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 \_\_\_\_\_

*Vernon M. Reppert*

Licensed Embalmer No. 7321

P. O. Address Berkeley, N.J.

**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.**